

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 377 PRIMARY REG. DIST. NO. 500 Registrar's No. 1829

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 6 DAYS	c. CITY OR TOWN ST. LOUIS d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 5025a ST. LOUIS AVENUE <u>2069</u>	
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) E. c. (Last) HARTWIG		4. DATE OF DEATH (Month) (Day) (Year) 6-29-53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-14-84
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CASIMIR HARTWIG		13b. MOTHER'S MAIDEN NAME FRANCES (UNKNOWN)	14. NAME OF HUSBAND OR WIFE AGNES HARTWIG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. 496303428	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG, LEFT, UPPER & LOWER LOBES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 4 MOS.	
19a. DATE OF OPERATION 6-29-53	19b. MAJOR FINDINGS OF OPERATION CARCINOMA LEFT LUNG		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 163X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-23-53</u> , to <u>6-29-53</u> , and that death occurred at <u>10:40 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE R A ALLEN, M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 6-30-53
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE July 3, 1953	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
DATE REC'D BY LOCAL REG. 7-1-53	REGISTRAR'S SIGNATURE Nesbet R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 217E GRAND	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank A. Moore*.....

Licensed Embalmer No. 304

P. O. Address 2117 E W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.