V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. 33361

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9478

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3511 FRANKLIN Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3511 FRANKLIN 2219

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): W
c. (Last): HARTMAN

4. DATE OF DEATH (Month) (Day) (Year): OCT 2 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 14 1887
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE
11. BIRTHPLACE (City and State or Foreign Country): NEW YORK STATE
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JACOB HARTMAN
13b. MOTHER'S MAIDEN NAME: FANNIE DAVID
14. NAME OF HUSBAND OR WIFE: NELLIE HARTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nellie Hartman
ADDRESS: 3511 Franklin Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the manner of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yr
DUE TO (c): Chronic myocarditis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility Cancer

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [X]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 4221

22. *I hereby certify that I attended the deceased from* Sept, 1949 to Sept 30, 1953 *that I last saw the deceased alive on* Sept 30, 1953 *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin J. Glaser
23b. ADDRESS: 506 Olive St
23c. DATE SIGNED: 10/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 3 1953
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State): St Louis County Mo

DATE REC'D BY LOCAL REG.: OCT 2 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Bull-Campbell Mortuary
ADDRESS: 5165 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3881

P. O. Address St. Louis 8 Mo

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 33361

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 9478

On this ..... day of ....., 195....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Edw. J. Hartman, died/~~born~~ 10-2, 19~~5~~53, in the State of
Missouri, and which was filed at Cedar on ....., 19....., should be corrected as follows:

Item No. 2 should read Cedar 9-14-1887
Instead of 1885

Item No. ..... should read age 66
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles A. Bull Fun dir
Relationship.

5165 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 20 day of Oct., 1953.

My Commission expires 3-4-57

Ella C. Paddock
Notary Public.