

STANDARD CERTIFICATE OF DEATH

State File No. **7218**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 497	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Webster Grove		c. LENGTH OF STAY (in this place) 1 Year		c. CITY OR TOWN Webster Grove		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 Trelis Lane				e. STREET ADDRESS (If rural, give location) 901 Trelis Lane			
3. NAME OF DECEASED (Type or Print)		a. (First) Ernestine		b. (Middle)		c. (Last) Hartoebben	
4. DATE OF DEATH		(Month) Feb		(Day) 25		(Year) 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25 1921	
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and State or Foreign Country) Charleston Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Ernest Combs		13b. MOTHER'S MAIDEN NAME Wilma Council		14. NAME OF HUSBAND OR WIFE Joseph Hartoebben	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. # 2 832-14-1048		17. INFORMANT'S SIGNATURE OR NAME Joseph Hartoebben		ADDRESS 901 Trelis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage		ANTECEDENT CAUSES				12 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Collagen Disease (Disseminated Lupus Erythematosus)				3 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 456x (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug. 28, 1953 to Feb. 25, 1954 , that I last saw the deceased alive on Feb. 25, 1954 , and that death occurred at 6:30 A.M. from the causes and on the date stated above.							
23a. SIGNATURE John J. Roth (Degree or title) M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 2-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 27 1954		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 2-26-54		REGISTRAR'S SIGNATURE Nesbet R. Dombke		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros ADDRESS 2201 S. Grand Blvd			

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

52W

(Licensed Embalmer's Statement on Reverse Side)

Dr. John J. Roth
Mr. Thos. G. Bldg.
Je 7469

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 *Ronald O. Yarbke*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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.