

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20600

No. 300

10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Venice</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>X</u> <u>12</u>	
e. STREET ADDRESS (If rural, give location) <u>440 Lincoln</u>		8	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) _____ c. (Last) <u>Hartman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-20-28</u>
9. AGE (in years last birthday) <u>25</u>		10. MONTHS <u>25</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oilier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dow Chemical</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Venice Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Harry T Hartman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna L Weisenberger</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Korean</u>	16. SOCIAL SECURITY NO. <u>352-20-1186</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry T Hartman</u> ADDRESS <u>Venice Ill</u>

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) <u>Anterior Mediastinal Tumor (Lymphoma)</u>				<u>6 weeks</u>
ANTECEDENT CAUSES		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2021</u>

22. I hereby certify that I attended the deceased from May 17, 1954, to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shuel Newport M.D. M</u>	23b. ADDRESS <u>St. Louis, Mo. 216 S. Kingshighway</u>	23c. DATE SIGNED <u>5-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Madison Ill</u>	24b. DATE <u>5-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>Edwardsville Ill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis J. Cahoy</u> ADDRESS <u>Madison Ill</u>	
DATE REC'D BY LOCAL REG. <u>MAY 20 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
JAN 14 1980

**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 *Francis J. Galley*.....

Licensed Embalmer No. *279*

P. O. Address *Madison*

**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.**