

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2186	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fenton		c. LENGTH OF STAY (If in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Box 2144970		d. STREET ADDRESS (If rural, give location) RR 1 FENTON, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 116 Ferry St				d. STREET ADDRESS (If rural, give location) RR 1 FENTON, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) B c. (Last) HARTWIG			4. DATE OF DEATH (Month) (Day) (Year) 9 14 54				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 22, 1887	
9. AGE (In years last birthday) 67		10. MONTHS 1		11. IF UNDER 1 YEAR Days 14		12. IF UNDER 24 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Medicist			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Chicago Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gotlieb Hartwig			13b. MOTHER'S MAIDEN NAME Mary Bopp		14. NAME OF HUSBAND OR WIFE MRS MAMIE HARTWIG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 496-22-485		17. INFORMANT'S SIGNATURE OR NAME MRS HILDA BALDWIN			ADDRESS 7955
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) UNKNOWN NATURAL CAUSES							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes							
INTERVAL BETWEEN ONSET AND DEATH unk							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
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) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert R. Domke Herbert R. Domke, M.D., Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 9/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/17/54		24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) Lemay Mo	
DATE REC'D BY LOCAL REG. 9/20/54		REGISTRAR'S SIGNATURE Herbert R. Domke		FUNERAL DIRECTOR'S SIGNATURE Geo H. Fusier		ADDRESS 464 Main Fenton	

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

GERALD J. MAHN

Student Embalmer No. 505

working under my personal supervision.

Student Gerald J. Mahn

Student Embalmer

Signed Samuel J. Mahn

Licensed Embalmer No. 4326

P. O. Address He J. O. Me

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 this body is not embalmed, fact should be so stated above.