

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43644**
11833
Registrar's No.

WED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

3

1. PLACE OF DEATH a. COUNTY			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 St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute to City Hospital			d. STREET ADDRESS (If rural, give location) 20 2617a Natural Bridge 0		
3. NAME OF DECEASED (Type or Print)		a. (First) Walter	b. (Middle) J.	c. (Last) Hartwig	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1954
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Aug. 5, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur - International Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Hartwig		13b. MOTHER'S MAIDEN NAME Alvina Moses		14. NAME OF HUSBAND OR WIFE Beulah Hartwig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-10-9539	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Strele, 2617 Natural Bridge		
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) Coronary Occlusion	DUE TO (b) Myocarditis				1 hour
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				3 weeks
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 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? 4201			
22. I hereby certify that I attended the deceased from Dec. 14, 1954 , to Dec. 26, 1954 , that I last saw the deceased alive on Dec. 26, 1954 and that death occurred at 5:20P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. H. H. H. M.D.			23b. ADDRESS 2249 St. Louis ave		23c. DATE SIGNED 12/28/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/30/54	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery, St. Louis Co., Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. DEC 28 1954	REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl		

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
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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.