

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 9680

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2454

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS Mo</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>24 902 UTAH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E.</u> c. (Last) <u>HARTMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 16 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 2 1900</u>	9. AGE (In years last birthday) <u>55</u> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORCMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAULY TAIL BLDG</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM HARTMANN</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA BECKER</u>	
14. NAME OF HUSBAND OR WIFE <u>EUGENIA HARTMANN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>		16. SOCIAL SECURITY NO. <u>492-01-3206</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EUGENIA HARTMANN</u>		ADDRESS <u>902 UTAH</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacillus Infection & Gangrene</u> ANTECEDENT CAUSES <u>Diabetes Mellitus</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>?</u>	
19a. DATE OF OPERATION <u>3-7-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of both testicles & prostates and buttocks</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (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 <u>260XC</u>	
22. I hereby certify that I attended the deceased from <u>3-3</u> , 1955, to <u>3-16</u> , 1955, that I last saw the deceased alive on <u>3-16</u> (1955), and that death occurred at <u>12:40</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Gulian Rhas. Rotta</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2603 Cherokee St</u>	
23c. DATE SIGNED <u>3-17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 19 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
DATE REC'D BY LOCAL REG. <u>MAR 17 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> ADDRESS <u>2906 Gravier</u>	

S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Leo J. Budde*.....
Licensed Embalmer No. *39*.....
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.