

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38328

State File No.

318

1003

9938

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 town) OR TOWN _____ ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN _____ ST LOUIS		d. 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 _____ 5515 HEBERT ST.				6. STREET ADDRESS (If rural, give location) _____ 5515 HEBERT ST. 20670			
3. NAME OF DECEASED (Type or Print) a. (First) _____ JOSEPH		b. (Middle) _____ W.		c. (Last) _____ HARTUNG		4. DATE OF DEATH (Month) (Day) (Year) _____ NOV, 12, 1955	
5. SEX _____ MALE		6. COLOR OR RACE _____ WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ MARRIED		8. DATE OF BIRTH _____ 2/8/1892	
9. AGE (In years last birthday) _____ 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ WATER INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY _____ CITY OF ST LOUIS		11. BIRTHPLACE (City and State or Foreign Country) _____ ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? _____ U.S.A.	
13a. FATHER'S NAME _____ JOHN WILLIAM HARTUNG			13b. MOTHER'S MAIDEN NAME _____ MARY NIGEL			14. NAME OF HUSBAND OR WIFE _____ MINNIE HARTUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ NO		16. SOCIAL SECURITY NO. _____ # -		17. INFORMANT'S SIGNATURE OR NAME _____ MINNIE HARTUNG ADDRESS _____ 5515 HEBERT ST.			
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) _____ Myocardial Failure ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ Cancer of prostate				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ 422.1				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) _____			
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 <u>Sept 9, 1955</u> to <u>11-12, 1955</u> , that I last saw the deceased alive on <u>11-12, 1955</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE _____ (Degree or title) _____				23b. ADDRESS _____ 710 1500 8 line		23c. DATE SIGNED _____ 11/14/55	
24a. BURIAL, CREMATION REMOVAL (Specify) _____ BURIAL		24b. DATE _____ 11/16/55		24c. NAME OF CEMETERY OR CREMATORY _____ CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) _____ ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. _____ NOV 15 1955		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ STROOT - CARROLL ADDRESS _____ 4600 NATURAL BRID			

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

REC'D C. S. ADM

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 *John J. Haines*
Licensed Embalmer No. *41*
P. O. Address *Haines*

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.