

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6593**
Registrar's No. **1782**

FILED MAR 9 1956

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is 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 (If not in hospital or institution, give street address or location) Pronounced Dead City Hospital		e. STREET ADDRESS (If rural, give location) 6100 Pennsylvania ave. 201/2	
3. NAME OF DECEASED a. (First) Joseph (Type or Print)		b. (Middle) ----	
c. (Last) Hartmann (Hartman)		4. DATE OF DEATH (Month) (Day) (Year) February 18, 1956	
5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH February 19, 1949
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William E. Hartmann	
13b. MOTHER'S MAIDEN NAME Betty R. Risch		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME William E. Hartmann		ADDRESS 6100 Pennsylvania	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of Skull; Subdural Hemorrhage of Brain, suffered when struck by car operated by one Viola Riley in front of house 6024 Pennsylvania		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS contributing to the death or related to the disease or condition causing death etc. about 2:20 pm. July 18 1956	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo E 812. 4	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 56 2:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? DD		25. FUNERAL DIRECTOR'S SIGNATURE E. Hoffmeister	
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 8:00 p. m. , from the causes and on the date stated above.		23. ADDRESS 1300 Clark	
23a. SIGNATURE James M. Kelly		23c. DATE SIGNED 2-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 22, 1956	
24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery		24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive Rd. Lemay, Mo.	
DATE REC'D BY LOCAL REG. FFB 20 1956		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE E. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway	

WRITE PLAINLY—USING UNFADING 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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumaker*
Licensed Embalmer No. *267*

P. O. Address *7814 S. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.