Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10373

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2048

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 City Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2029 5436 Robert — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Frank Middle 0 Last Hartman	4. DATE OF DEATH Month Feb Day 28 Year 1957		
5. SEX mael 0	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ Z DIVORCED ☐	8. DATE OF BIRTH Jan 27, 1876
9. AGE (In years last birthday) 81	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) retired	10b. KIND OF BUSINESS OR INDUSTRY engineer	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Anton Hartman	14. MOTHER'S MAIDEN NAME Barbara Schwann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-09-597	17. INFORMANT Frank Bear Address 6767 Devonshire	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 2:00a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burail	23b. DATE 3/2/1957	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG. MAR 1 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

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 Donald E Berg

Licensed Embalmer No. 486

P. O. Address 7027 Ivo

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