

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26176
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6641**

| | | | | | | | | |
|--|----------------------------------|---|--|---|--|--|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Altenheim | | | Length of stay in 1b 2 yrs 11 Mo. | | d. STREET ADDRESS 5408 S. Broadway | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | First Ida Middle -- Last Hartmann | | 4. DATE OF DEATH Month July Day 15 Year 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 10, 1870 | | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Herman Gelzheuser | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Wm. H. Hartmann | | | 1385 Drew St. Clearwater, Florida |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 Mo. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) arteriosclerotic heart disease | | DUE TO (c) generalized arteriosclerosis | | ? ? | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 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. ----- | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.). ----- | | 20f. CITY, TOWN, OR LOCATION St. Louis | | COUNTY Mo. | | STATE | | |
| 21. I attended the deceased from Aug 16 1954 to July 15 1957 and last saw her alive on July 12 1957 Death occurred at 6 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Max Starkloff (Degree or title) M.D. | | | | 22b. ADDRESS 512 Dow Place | | | 22c. DATE SIGNED 7/5/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE July 18, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | | 23d. LOCATION (City, town, or county) (State) Mason Road St. Louis Co. Mo. | | | |
| 24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 781 1/2 S. Broadway | | | | 25. DATE RECD. BY LOCAL REG. JUL 16 '57 | | 26. REGISTRAR'S SIGNATURE Carl Smith MD mjs | | |

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 *Bill C. Branson*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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