

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-035088

FILED SEP 29 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2439

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights 4505</u>	
		d. STREET ADDRESS (If rural, give location) <u>65 Lake Forest</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAURICE</u>		b. (Middle) _____ c. (Last) <u>HARTMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>1/28/83</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Adolph Hartman</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Gugenheim</u>	
14. NAME OF HUSBAND OR WIFE <u>UNK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Laura Simon, 65 Lake Forest</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC NEPHRITIS</u> DUE TO (c) <u>DIABETES MELLITUS</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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. 17, 1958</u> , to <u>SEPT. 20, 1958</u> , that I last saw the deceased alive on <u>SEPT. 19, 1958</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. R. Loving, M.D.</u> (Degree or title)		23b. ADDRESS <u>Balwin, Mo.</u>	
23c. DATE SIGNED <u>9-20-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/22/58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>		24d. LOCATION (City, town, or county) (State) <u>8400 Gravois Ave</u>	
DATE REC'D BY LOCAL REG. <u>9-22-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u>		ADDRESS <u>4356 Lindell Blvd</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John L. Pennehy*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4199

P. O. Address St. Louis, Mo

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 this body is not embalmed, fact should be so stated above.