FILED MAY 15 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015081

STATE FILE NUMBER 2 4016

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN University City 4452 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Anthony's Hosp. — Length of stay in 1b. 4-wks.	d. STREET ADDRESS (If outside, give location) 7405 Oxford Drive — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: Marion	Middle: B.	Last: Hartman	4. DATE OF DEATH Month Day Year: April 23,1959
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 17,1907	9. AGE (In years last birthday): 52 — 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): Pres.Liberty Finance Co.	10b. KIND OF BUSINESS OR INDUSTRY: Finance	11. BIRTHPLACE (City and state or country): Parke County,Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME: Tone Hartman	13b. MOTHER'S MAIDEN NAME: Mary Miller	14. NAME OF HUSBAND OR WIFE: Mrs.Doris J.Hartman		
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.: 307-03-0038	17. INFORMANT Address: Mrs.Doris J.Hartman,7405 Oxford Drive,U.C.		

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) CACHEXIA — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF PANCREAS — 5 MO.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X

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 1955, to 4/23/59 and last saw her/him alive on 4-22-59

Death occurred at 1 1;15 am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): DD Michael MD	22b. ADDRESS: 812 Olive	22c. DATE SIGNED: 4-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: April 25,1959	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co, Missouri		
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: APR 24 '59
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Linde

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.