

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019902

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1401

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Frontenac 4410.		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. Mary's Hosp.		Length of stay in lb 3 weeks	d. STREET ADDRESS 2244 N. Geyer Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle LEO Last HARTENBACH			4. DATE OF DEATH Month May Day 17 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5, 1907	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Hartenbach Carpet Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry C. Hartenbach		13b. MOTHER'S MAIDEN NAME Mathilda Gerber		14. NAME OF HUSBAND OR WIFE Marie B. Hartenbach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give branch of service) No		16. SOCIAL SECURITY NO. 493-10-5078	17. INFORMANT Marie B. Hartenbach-2244 N. Geyer Address: Frontenac, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Intercapillary glomerulosclerosis			?
		DUE TO (c) Diabetes m. Gangrene rt foot			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X					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 Month, Day, Year 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		COUNTY STATE
21. I attended the deceased from April 1950 to May 17, 1959 and last saw her alive on May 17, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Muriel K. Helms MD (Degree or title)			22b. ADDRESS 1931 Marconi		22c. DATE SIGNED 5/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood ADDRESS 22, Mo.			25. DATE RECD. BY LOCAL REG. 5-19-59	26. REGISTRAR'S SIGNATURE John C. Murphy MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, funeral, etc. must use any standard nomenclature in Part 10. No symptoms will be stated. All diseases in Part 1 must be causally related.

State of _____
 County of _____
 I, _____
 do hereby certify that the body of _____
 deceased _____
 was embalmed by me or by _____
 Student Embalmer No. _____
 working under my personal supervision.
 Student _____
 Signature of Student Embalmer _____
 Signed _____
 Licensed Embalmer No. _____
 P. O. Address _____

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 *Ben E. Hoffman*
 Licensed Embalmer No. *4366*
 P. O. Address *Howland, Me*

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.