

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022966
STATE FILE NUMBER
2 6012
Registrar's No.

FILED JUL 7 1959

Registration District No. Primary Registration District No.

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| 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 | | c. CITY OR TOWN ST. LOUIS | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL | | d. STREET ADDRESS 1126a SIDNEY | |
| Length of stay in 1b 3 Days; | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|---------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First MIDDLE LAST FRED GEORGE HARTMANN | | | 4. DATE OF DEATH Month Day Year JUNE 23, 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 8/12/1900 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Granite City | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13. FATHER'S NAME Charles Hartmann | | |
| 14. MOTHER'S MAIDEN NAME Freda | | | 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. | | | 17. INFORMANT Address Edna Hartmann, 1126a Sidney | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Congestive heart failure</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>1 7/2 yrs.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Rheumatic heart disease with aortic stenosis</i> | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Pulmonary emphysema.</i> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>411 x</i> | |
| 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 | COUNTY STATE |
| 21. I attended the deceased from <i>April 10, 1948</i> , to <i>June 23, 1959</i> and last saw him <i>live</i> on <i>June 23, 1959</i> Death occurred at <i>11:30 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <i>Charles Schwaberg, M.D.</i> | 22b. ADDRESS <i>462 N. Taylor Ave</i> | 22c. DATE SIGNED <i>6/25/59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 6/25/1959 | 23c. NAME OF CEMETERY OR CREMATORIUM <i>Sunset Burial Park</i> |
| 23d. LOCATION (City, town, or county) St. Louis County, Mo. | | (State) |
| 24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette Ave. | 25. DATE RECD. BY LOCAL REG. JUN 25 '59 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 RELEASE IN PART I MUST BE CASUALTY RELATED. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James R. Chapman*

Licensed Embalmer No. *4*

P. O. Address *A. T. ...*

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.