

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041924

FILED VS DEC 11 1959

211099

STATE FILE NUMBER

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

| | | | |
|---|--|---|---|
| 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 | | Length of stay in 1b 3 1/2 hours | 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 Missouri Baptist Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3940 North Florissant Av Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Amanda Middle Harnagal Last | | | 4. DATE OF DEATH Month November Day 28 Year 1959 | | | |
| 5. SEX female | 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 7-13-1891 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days 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 At Home | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Fritz Hartmann | | 13b. MOTHER'S MAIDEN NAME Caroline Engelage | | 14. NAME OF HUSBAND OR WIFE Walter H. Harnagal | | |
| 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 Address Mr. Walter H. Harnagal | | |

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|---|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERICARDITIS MYOCARDITIS CONGESTIVE HEART FAILURE DUE TO (b) _____ DUE TO (c) CHRONIC LYMPHATIC LEUKEMIA ? | | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2040 | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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|---|---|--|--------------|
| 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 | COUNTY STATE |

21. I attended the deceased from **NOV 28 1959**, to **NOV 28, 59** and last saw her alive on **NOV 28, 1959**
Death occurred at **7:50 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (In free or title) Walter M. Hermann MD | | 22b. ADDRESS St. Louis 8 Mo | 22c. DATE SIGNED 11/30/59 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec 2 1959 | 23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, Missouri |

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|--|---|--|
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av | 25. DATE RECD. BY LOCAL REG. DEC 1 1959 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Clement M. Mary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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