

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH - 61-022656

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 AMENDED FILED JUL 7 1961
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6057 STATE FILE NUMBER

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 <i>St. Louis, Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>536 Eiler</i>		d. STREET ADDRESS (If outside, give location) <i>536 Eiler</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Henry C. Hartmann</i>			4. DATE OF DEATH Month Day Year <i>6-28-61</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-11-1870</i>
9. AGE (last birthday) <i>91</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barrel Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wunderlich-Cooperage</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis U.S.</i>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <i>Christopher Hartmann</i>	
13b. MOTHER'S MAIDEN NAME <i>P. Wunderlich</i>		14. NAME OF HUSBAND OR WIFE <i>Hartmann Elizabeth Price</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Henrietta Kiesler</i>		Address <i>5304 Nagel</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Hematuria*
 DUE TO (b) *Hydronephrosis of the rt kidney*
 DUE TO (c) *Chronic Pyelonephritis*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
Jan 15, 1961
Found by Xray 2-26-61
2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I.
Generalized arteriosclerosis, Arteriosclerotic Heart disease, Normocytic Anemia, Chronic Prostatitis

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
601x

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 *Dec 28, 1943* to *June 28, 1961* and last saw him alive on *June 25, 1961*
 Death occurred at *8 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) *Leroy E Ellison MD* 22b. ADDRESS *3610 50 Broadway St. Louis Mo* 22c. DATE SIGNED *6/29/61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *7-1-61* 23c. NAME OF CEMETERY OR CREMATORY *Sunset Burial Park* 23d. LOCATION (City, town, or county) (State) *St. Louis County*

24. FUNERAL DIRECTOR *Weick Bros* ADDRESS *2201 S. Grand Blvd* 25. DATE RECD. BY LOCAL REG. *JUN 29 1961* 26. REGISTRAR'S SIGNATURE *Neal Smith M.D.*

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr Jerry J. Haines
2610 S. Broadway

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 John J. Haines
Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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