

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-026877

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7208 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY St. Louis, Mo.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN St. Louis-25, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2818 Redstone Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First DAVID Middle Last Hartman 4. DATE OF DEATH Month 8 Day 3 Year 61
 5. SEX Male 6. COLOR OR RACE W. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/2/61 9. AGE (last birthday) 2 hrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. 2 4
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME James Peter Hartman 13b. MOTHER'S MAIDEN NAME Barbara Ann Gratis 14. NAME OF HUSBAND OR WIFE

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 JAMES HARTMAN 2818 REDSTONE Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) congenital defect (anencephaly) INTERVAL BETWEEN ONSET AND DEATH 2 hrs
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 750X

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

20c. TIME OF INJURY Hour _____ 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David Backer, D.D.P. 22b. ADDRESS 3923 Watson Rd (9) 22c. DATE SIGNED 8-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 8-4-61 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION 23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO
 24. FUNERAL DIRECTOR J.L. ZIEGENHEIN & SONS 7077 GRAN ADDRESS 25. DATE RECD. BY LOCAL REG. AUG 3 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

DATE AMENDED
 5
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald King

Licensed Embalmer No. 2463

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.