MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-026879
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6542

FILED JUL 25 1961

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b

c. CITY OR TOWN Webster Groves Mo
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1300 Grant Road
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Louise Middle H. Last Hartmann

4. DATE OF DEATH Month 7 Day 13 Year 61

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-13-84

9. AGE (last birthday) 76

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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME (Labitzke Eritze)

13b. MOTHER'S MAIDEN NAME Wilhelmina Henreitt

14. NAME OF HUSBAND OR WIFE Late Otto Hartmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Otto Hartmann Jr. Address 5838 Neosho St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

O.K. Helen R Taylor Coroner 7/14/61

IMMEDIATE CAUSE (a) LEFT MIDDLE CEREBRAL ARTERY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 11 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CHRONIC ARTERIOSCEROTIC VASCULAR DISEASE

DUE TO (c) SENILE ATHEROSCLEROSIS 332 X E

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

THIRD DEGREE BURNS OF 30% OF BODY SURFACE

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.) CAUGHT CLOTHING ON FIRE SMOKING (PROBABLY DUE TO STROKE)

20c. TIME OF INJURY Hour 12:45 p.m. Month, Day, Year JULY 1 '61

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.) GLENWOOD SANITARIUM

20f. CITY, TOWN, OR LOCATION St. LOUIS COUNTY COUNTY STATE Mo.

21. I attended the deceased from JULY 1 1961, to JULY 12 1961 and last saw her ~~him~~ alive on JULY 12, 1961

Death occurred at 9:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William Hoveman (Degree or title) M MD

22b. ADDRESS 100 N. Euclid Ave St. Louis

22c. DATE SIGNED JULY 13, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE July 17, 1961

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. JUL 14 1961

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Elmer D. McDermott

Signature of Student Embalmer

Licensed Embalmer No. 3027

P. O. Address_____

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.