

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047201

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3588 STATE FILE NUMBER

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY St. Louis		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 Normandy		c. CITY OR TOWN Normandy	
Length of stay in 1b YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 39 Greendale Dr.		d. STREET ADDRESS (If outside, give location) 39 Greendale Dr.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Hartwein	4. DATE OF DEATH Month Dec. Day 17, Year 1961
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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 Nov. 1, 1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer,	10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.	11. BIRTHPLACE (City and state or country) Regina Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Hartwein	13b. MOTHER'S MAIDEN NAME Martha E. Wilson	14. NAME OF HUSBAND OR WIFE Hilda V. Hartwein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I.	16. SOCIAL SECURITY NO. yes	17. INFORMANT Address Dr. Mrs. Hilda V. Hartwein 39 Greendale
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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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
DUE TO (b) Arteriosclerosis generalizad		10 yrs.
DUE TO (c) Myocardial Infarction, Old.		5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Diabetes Mellitus - 15 yrs.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.) no injury
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20c. TIME OF INJURY Hour 11:34 Month, Day, Year 12-17-61 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 Whitehall Illinois COUNTY STATE
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21. I attended the deceased from 1958 to 12-17-61 and last saw ^{them} him alive on 12-17-61 Death occurred at 11:34 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) C. Rush McAdam MD	22b. ADDRESS 906 Olive, St. Louis Mo	22c. DATE SIGNED 12-18-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Whitehall Cemetery	23d. LOCATION (City, town, or county) Whitehall Illinois (State)
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24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.	25. DATE RECD. BY LOCAL REG. 12-18-61	REGISTRAR'S SIGNATURE John B. McHugh M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

NEW NO.

Co Line

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 Clarence A. Murr

Licensed Embalmer No. 4011
P. O. Address St. Louis

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.