

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047203

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3675

AMENDED

<p>FILED JAN 9 1962</p>				<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>					
<p>a. COUNTY <u>St. Louis</u></p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u></p>		<p>Length of stay in lb <u>3 da.</u></p>		<p>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u></p>			
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u></p>			<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>2648 S. Brentwood Rd.</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Anna Rosalie Hartzke</u></p>						<p>4. DATE OF DEATH Month Day Year <u>12 22 1961</u></p>			
<p>5. SEX <u>F</u></p>		<p>6. COLOR OR RACE <u>W</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>1-27-1877</u></p>		<p>9. AGE (last birthday) <u>84</u></p>	
<p>IF UNDER 1 YEAR Months Days</p>		<p>IF UNDER 24 HR Hours Min.</p>		<p>10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>Housewife</u></p>				<p>10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Litchfield, Ill.</u></p>				<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>					
<p>13a. FATHER'S NAME <u>Fred Schmidt</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Mary Schmidt</u></p>			<p>14. NAME OF HUSBAND OR WIFE <u>Frederick P. Hartzke</u></p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>						<p>17. INFORMANT Address <u>Raymond Hartzke 714 E Maple St</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>								<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u></p>						<p><u>3 days</u></p>			
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & US disease</u></p>						<p><u>4 years</u></p>			
<p>DUE TO (c)</p>									
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p>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</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>					
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>									
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>			
<p>21. I attended the deceased from <u>7/20/59</u> to <u>12/22/61</u> and last saw her alive on <u>12/27/61</u></p>									
<p>Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>									
<p>22a. SIGNATURE (Degree or title) <u>Earl A. Brand MD</u></p>				<p>22b. ADDRESS <u>Webster Groves Mo</u></p>		<p>22c. DATE SIGNED <u>12-22-61</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u></p>		<p>23b. DATE <u>12-26-1961</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u></p>			
<p>24. FUNERAL DIRECTOR ADDRESS <u>MITTELBERG FUNERAL HOME, INC. WEBSTER GROVES 19, MO.</u></p>				<p>25. DATE RECD. BY LOCAL REG. <u>12-25-61</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u></p>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Harvey Kable

Licensed Embalmer No. 4596

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.