

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016854

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4441**

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) St. Louis		Length of stay in lb 37 yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3848a Bamberger Ave.
3. NAME OF DECEASED (Type or print) First WALTER Middle E. Last HARTZ		4. DATE OF DEATH Month April Day 29 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/3/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired maintenance		10b. KIND OF BUSINESS OR INDUSTRY Pulv. Mach.Mfg.	9. AGE (last birthday) 80
11a. FATHER'S NAME Michael Hartz		11b. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY USA
13a. MOTHER'S MAIDEN NAME unk. Padgett		14. NAME OF HUSBAND OR WIFE Rose Ann Hamlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Myrtle L. Polley, 3848a Bamberger Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure due to Parke's sclerotic heart DUE TO (b) disease DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH 1 month
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. <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.)	
20c. TIME OF INJURY Hour 1 a.m. PM Month, Day, Year	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 COUNTY STATE
21. I attended the deceased from 3-29-62 to 4-29-62 and last saw him alive on 4-28-62 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John D. Seidman M.D.</i>		22b. ADDRESS 37346 name	22c. DATE SIGNED 4-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5/1/62	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. MAY 1 1962	26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1
2 **2/16**
3
4
5 **0**
6 **2**
7 **1**
8 **2**
9
10
11
12 **92.0**
13

USE BLACK INK OR TYPEWRITER RIBBON

91

Dr. John D. Serthé
3737 Gravois Avenue
11:30 to 1:30 PM
5:30 to 7:30 PM ex. wed.

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 Horner H. Fritz

Licensed Embalmer No. 3882

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.