

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

2660

FILED MAR 14 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis,

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE Edgewater Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis,

d. STREET ADDRESS

5500 S. Broadway

c. CITY

OR TOWN

St. Louis,

d. STREET ADDRESS

5500 S. Broadway

c. CITY

OR TOWN

St. Louis,

d. STREET ADDRESS

5500 S. Broadway

c. CITY

OR TOWN

St. Louis,

d. STREET ADDRESS

5500 S. Broadway

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Catherine

Hartmann.

4. DATE OF DEATH

Month

Day

Year

3

5

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-22-81

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

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

U.S.A.

13a. FATHER'S NAME

John Meissert.

13b. MOTHER'S MAIDEN NAME

Catherine Antrobus.

14. NAME OF HUSBAND OR WIFE

Fred W. Hartmann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Hoffmann 7223 Penna.

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)

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

DUE TO (b)

DUE TO (c)

Pneumonia - influenza
Parkinsonism, advanced
480x

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ Unknown19. 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 a.m. p.m.

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

I attended the deceased from Sept. 20, 1962 to March 5, 1963 and last saw her alive on March 5, 1963. Death occurred at 9:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

5500 S. Broadway St. Louis 9/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-9-63

23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran.

23d. LOCATION (City, town, or county)

St. Louis, County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home.
6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 7 1963

26. REGISTRAR'S SIGNATURE

E. L. Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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

David Van Nissen

Licensed Embalmer No. 42742

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.