

No. 2  
-1-4-41  
5-17-39  
K28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23286

State File No.

1941 AUG 28 1941 791

1003

Registrar's No. 5638

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 0 (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Henry John Fortman  
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Olinda 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased June 13 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 0 23 hr. min.

9. Birthplace Warren Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Herman Fortman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kirkhoff

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph E. Fortman

(b) Address Wright City, Mo.

17. (a) Removal (b) Date thereof 7/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) Aug 8 1941 (b) J. W. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Wright City  
(If outside city or town limits, write "RURAL")  
(d) Street No. D.B.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 6  
year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 5-24 to July 6 1941  
that I last saw him alive on July 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death selectinal obstruction (small intestine) adherin  
Due to..... Indefinite

Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Obstruction of small intestine adherin of autopsy none made

Duration  
2 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury.....

23. Signature John P. Hayward (M. D. or other)  
Address Metropolitan Bldg Date signed 7/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

079

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. Wm. Binkley  
Licensed Embalmer No. 3653  
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 this body is not embalmed, fact should be so stated above.**