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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

State File No. **38350**  
Registrar's No. **10258**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

3. (a) PRINT FULL NAME George Artmann  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. 493-01-3070

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Jan. 29 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 0 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name August Artmann  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Artmann  
(b) Address 521 Jefford

17. (a) Cremation (b) Date thereof 12-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John L. Ziegenhein & Sons  
(b) Address 2022 Gravois Ave.

19. (a) \_\_\_\_\_ (b) J. F. Bradack  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis 9/1  
(c) City or town Lemay (If outside city or town limits, write "RURAL")  
(d) Street No. 521 Jefford (If rural, give location) N.R. 3  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Nov. day 29  
year 1946 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov. 25  
1946 to Nov. 29 1946  
that I last saw him alive on Nov. 29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days  
Due to Asthmatic Attack Asthmatic 8 days 5 days  
Due to \_\_\_\_\_  
Other conditions Terminal Broncho pneumonia 4 days  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Richard Wright (M. D. or other) M.D.  
Address 6006 Virginia Ave Date signed 11/30/46  
While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

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

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**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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Overland 14 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.**