

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29555**
Registrar's No. **8194**

FILED SEP 8 - 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 206A	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 5622a St. Louis Avenue, 20,	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			
3. NAME OF DECEASED a. (First) Emilie (Type or Print)		b. (Middle) B. c. (Last) Hartmann	
4. DATE OF DEATH Aug. 29th, 1952 (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED Never married	8. DATE OF BIRTH Dec. 22nd, 1879 9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months 72 11. UNDER 1 Mth. Hours 72 Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frederick Hartmann		13b. MOTHER'S MAIDEN NAME Emilie Hilgemann	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Ameling, 5622a St. Louis Ave., 20		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) Generalized arteriosclerosis	
		INTERVAL BETWEEN ONSET AND DEATH 5 days many yrs. many yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4201	
22. I hereby certify that I attended the deceased from 8/24, 1952 , to 8/29/52 , that I last saw the deceased alive on 8/28/52 , and that death occurred at 9:25A m. , from the causes and on the date stated above.			
23a. SIGNATURE W. E. Hooverman M.D.		23b. ADDRESS 439.9 Natural Bridge	
23c. DATE SIGNED 8/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/2/52	
24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. AUG 29 1952		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	
REGISTRAR'S SIGNATURE J. Charles Smith M.D.		ADDRESS	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John A. Minor*

Licensed Embalmer No. *4186*

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.