

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11662**  
Registrar's No. **3140**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2109</b>	
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place township) <b>2 Months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>3644 Natural Bridge, Fairgrounds Hotel</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>A.</b> c. (Last) <b>Hartmann</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 21, 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>April, 11, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Produce Merchant</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>William Hartmann</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Beumer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Walter L. Hartmann, 1639 Holly Drive</b>			
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)</b> <b>Adeno-Carcinoma of rectum with extension to bladder.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 mos.</b>
	<b>ANTECEDENT CAUSES</b> <b>Pylonephritis and Uremia</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> <b>1-27-53</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Transurethral Resection of Bladder Tumor - Adeno carcinoma of rectum with extension to bladder.</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>154X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 1-9-53, 19, to 3-21-53, 19, that I last saw the deceased alive on 3-21-53, 19, and that death occurred at 6:55A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>E. M. Cannon</i>	<b>23b. ADDRESS</b> <b>M.D. 607 N. Grand, St. Louis 3, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3-23-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>3-24-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Johns Cemetery</b>
<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, County, Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 23 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Math Hermann &amp; Son, Inc.</i>	<b>ADDRESS</b> <b>2161 E. Fair Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

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

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 *Glen W. Day*.....

Licensed Embalmer No. *373*

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.