

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>University City</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>DE PAUL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>6918 Kingsbury Blvd</b> <b>403P</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>	b. (Middle) <b>EDWARD</b>	c. (Last) <b>HARTNAGEL.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 27, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 22, 1889</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John W. Hartnagel.</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine A. unk</b>	14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	(If yes, give war or dates of service) <b>W.W. I</b>	16. SOCIAL SECURITY NO. <b>488-01-1231</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Florence A. Hartnagel.</b>		ADDRESS <b>6918 Kingsbury</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, left lower lobe of lung with metastasis to the Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 to 12 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>163X</b>
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22. I hereby certify that I attended the deceased from **Feb. 10, 1955**, to **Feb. 27, 1955**, that I last saw the deceased alive on **Feb. 27, 1955**, and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Fred R. ...</b>	(Degree or title)	23b. ADDRESS <b>539 North Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>2/28/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 2, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 28 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.</b>
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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.....  
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 386

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.