

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11355

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3769 Carter (3769 Carter)</b>		Length of stay in 1b <b>26 99</b>	d. STREET ADDRESS <b>3769 Carter Ave.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>HENRY HARTMAN</b>			4. DATE OF DEATH <b>Nov. 24-1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 12 1914</b>		9. AGE (In years at birthday) <b>44</b> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Florissant Mo.</b>	
13a. FATHER'S NAME <b>John Hartman</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>Elvera Hartman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>498-09-3597</b>		17. INFORMANT Address <b>Elvera Hartman 3769 Carter Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> <b>Myocardial infarction</b> <b>generalized arteriosclerosis</b> Conditions, if any, } DUE TO (b) <b>Generalized arteriosclerosis</b> which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c) <b>420.1</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1955</b> to <b>the present</b> and last saw <b>him</b> alive on <b>Nov. 20, 1958</b> Death occurred at <b>5 AM, 11-24-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Augustin Jones</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>634 No. Grand</b> <b>634 North Grand St.</b>		22c. DATE SIGNED <b>11-24-58</b>
23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>		23b. DATE <b>Nov. 26 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>			(State)		
24. FUNERAL DIRECTOR <b>Leidner Undertaking 2223 St. Louis Ave.</b>			25. DATE RECD. BY LOCAL REG. <b>NOV 25 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> <b>m&amp;b</b>

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 *Albert Mayfield* .....

Licensed Embalmer No. *3077* .....

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.