

FILED APR 9 1943 818

State File No. _____
Registrar's No. 3038

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3012 a Warne Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4606 a Greer ave 9 10
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman Bartels

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Bartels 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 1 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 28 hr. _____ min.

9. Birthplace Mount Olive Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Resturant owner

11. Industry or business self

12. Name Henry Bartels

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Luebker

15. Birthplace Bunker Hill Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bartels

(b) Address 4606 a Greer ave

17. (a) burial (b) Date thereof Mar-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, Illinois

18. (a) Signature of funeral director R. Iron L. U. 60.

(b) Address 2707 N. Grand Bly'd

19. (a) MAR 30 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1943 hour 9 15 minute 7 M.

21. I hereby certify that I attended the deceased from March 28, 1943, to March 29, 1943
that I last saw him, alive on March 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature A. V. Thilly (M. D. or other) D. O.
Address 5655 Delmar Bl Date signed 3/30/43

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

MOTHER FATHER

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

Paul F. Swollenberg

Licensed Embalmer No.

3631

P. O. Address

2707th Street

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.