

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16185  
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1008  
 (c) City ST. LOUIS MO. (d) Street No. En route City Hospital #1 St. 1  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FRED BARTELS 634  
 (a) Residence, No. 7514 S. BROADWAY St. 1 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 27 1877  
 7. AGE YEARS 61 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. WATCHMAN  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, MO.

FATHER 13. NAME UNK, BARTELS, J.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, MO.

MOTHER 15. MAIDEN NAME JULIA UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) EDNA GILSTRUP, 3139A G EYER AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE OLD PICKERS DATE MAY 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur, 3125 Lafayette av.

20. FILE MAY - 2 1938 J. Bredeck Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Empyema following Lobar Pneumonia left side.

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Alfred Perry (Signed) Alfred Perry (Address) Alfred Perry

N.B.—Every item of information should be carefully classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, \_\_\_\_\_

*Joseph Kollmer*, or by \_\_\_\_\_ *L*  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Joseph Kollmer*  
Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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, above space should be left blank.**