

791 STANDARD CERTIFICATE OF DEATH 1003

State File No. 8894
Registrar's No. 2377

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Furman DeSloge
(d) Length of stay: In hospital or institution 18 hrs
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 5435 1/2 Easton Ave
(e) If foreign born, born in _____ years.

3. (a) PRINT FULL NAME Fred J. Bartsch
(b) If veteran, name war Nil
(c) Social Security No. 494-10-2010

20. DATE OF DEATH: Month Mar day 9 year 1940 hour 6 minute 05 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maudie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 23 1886 (Month) (Day) (Year)

MEDICAL CERTIFICATION
Immediate cause of death Influenza
Due to Aspiration pneumonia
Due to Aspiration pneumonia
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 110
Of autopsy _____

8. AGE: Years 53 Months 4 Days 15 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Insurance

MOTHER FATHER
12. Name Whitaker T. Bartsch
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred J. Bartsch
(b) Address 5435 1/2 Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 12 40 (Month) (Day) (Year)
(c) Place: burial or cremation Cathedral

18. (a) Signature of funeral director Wesley W. ...
(b) Address 4207 ...

19. (a) MAR 11 1940 (Date received local registrar)
(b) J. F. Bredich (Registrar's signature)

Duration _____
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) (Means of injury)
23. Signature W. H. ... (M. D. or other) _____
Address ... Date signed 3.11.40

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

N. B.—Every item of information should be carefully supplied. 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.

REV. 2-17-30 I 11951

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..... *Howard H. Rowland*

Licensed Embalmer No. *3114*

P. O. Address.....

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.