

AUG 25 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5762

1. PLACE OF DEATH:

(a) County 30  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route to City Hospital #1  
(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)

8. (a) PRINT FULL NAME Arthur O. Bartsch 632

8. (b) If veteran, name war \*\*\*\*\* 8. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Bartsch 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 16 1862  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>77</u> | <u>9</u> | <u>19</u> | hr. _____ min.       |

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

10. Usual occupation Yard Master Retired

11. Industry or business Terminal Railroad Co

12. Name Herman Bartsch

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

14. Maiden name Henrietta ?????? (State or foreign country)

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

16. (a) Informant's own signature Margaret Bartsch

(b) Address 4028 Maffitt Ave

17. (a) Burial (b) Date thereof July 8th, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sturdy Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUL 8 1940 (b) J. D. Rudich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4028 Maffitt Ave 11  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 43 Years years.

MEDICAL CERTIFICATION  
No Physician in Attendance  
20. DATE OF DEATH: Month July day 5th  
year 1940 hour 1:13 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Sclerosis;  
Arterio Sclerosis;

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Walter Perry (M. D. or other)

Address Republic Date signed 7/6/40

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.

1 X1931

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Frank S. Owen*.....

Licensed Embalmer No. *2245*.....

P. O. Address..... *St Louis Mo*.....

**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.**