

Registration District No. **791**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:  
**St. John's Hospital** /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **18 months**  
 (Specify whether  
 In this community **55 years**  
 years, months or days)

3. (a) PRINT FULL NAME **Theresa E. Bartels** **634**  
 3. (b) If veteran, name war **-**  
 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife **-**  
 6. (c) Age of husband or wife if alive **-** years  
 7. Birth date of deceased **Unknown**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**about 61** hr. min.

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

10. Usual occupation **At home**

11. Industry or business **-**

12. Name **John B. Bartels**

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

14. Maiden name **Matilda Lefels**

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

16. (a) Informant's own signature **John B. Bartels**

(b) Address **6057 Goodfellow**

17. (a) **Burial** (b) Date thereof **July 20, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Walter H. H. Co.**

(b) Address **2331 So. Broadway**

19. (a) **JUL 19 1940** (b) **J. F. Bredeck**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **Kimmswick** **N.R.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **- -**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
 year **1940** hour **6** minute **40 p. m.**

21. I hereby certify that I attended the deceased from  
**Oct 17**, 19**38** to **July 18**, 19**40**  
 that I last saw **her** alive on **July 18**, 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Left Lobe** **4 days**  
 Due to **Hypostatic**

Due to **old fracture left hip** **3 yrs**  
**nonunion**

Other conditions **old fracture left hip**  
 (Include pregnancy within 3 months of death)

Major findings: **old fracture left hip**  
 Of operations **old fracture left hip**

Of autopsy **Hypostatic Pneumonia**  
**Ch. Myelitis - old fracture left hip**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident at home**

(b) Date of occurrence **1938 Oct 17**

(c) Where did injury occur? **at home**  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Kimmswick Mo**

While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature **John McHale** (M. D. or other)  
 Address **816 Mt. Pleasant St** Date signed **7/19/40**

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**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.....

*Robert C Wheeler*

Licensed Embalmer No.....

*2128*

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.**