

S. No. 11-10
5-7-34
P. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26218

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1376

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 20 days
(Specify whether years, months or days)

In this community 29 years

8. (a) PRINT FULL NAME Helen Baerthel 1-34

3. (b) If veteran, name war ?

8. (c) Social Security No. ?

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Victor Baerthel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	4	16	hr. min.
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9. Birthplace Unknown France 7
(City, town, or county) (State or foreign country)

10. Usual occupation nil. 7

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Karl

13. Birthplace Unknown France 7
(City, town, or county) (State or foreign country)

14. Maiden name Anastasia Sommer

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

16. (a) Informant Geo. Baerthel

(b) Address 9135 S. Broadway

17. (a) Burial, cremation, or removal Burial (b) Date thereof 7/25/40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Cem.

18. (a) Signature of funeral director Heidrich and Co.

(b) Address 2441940

19. (a) Date received local registrar JUL 24 1940

(b) Registrar's signature H. H. Meier

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 9135 S. Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-3-40
7-23-40, 19 , to 7-23-40, 19 ;
that I last saw her alive on 7-23-40, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 24 hr.

Due to Hypostatic congestion 1 wk

Due to Fracture of left leg 3 mos

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations

Of autopsy 1860

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) accid

(b) Date of occurrence 5-8-40

(c) Where did injury occur? Home - Laundry
(City or town) (County) (State)

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

While at work? (Specify type of place)

(e) Means of injury Fell down stairs

23. Signature H. H. Meier (M. D. or other) 1

Address St. Louis, Mo. Date signed

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

6
2
2

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 _____

Licensed Embalmer No. _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26218
Registrar's No. 1376

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784 Primary Registration District No. 101

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Helen Baerthel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

8. AGE: Years 75 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-24-40 (b) J.R. Meyer M.D. P.P.S.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

19. DATE OF DEATH: Month July day 23 year 1940 hour _____ minute _____ M.

20. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw h. _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

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? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

