

FILED OCT 14 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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 Johns Hospital
(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 **Flossie E. Bartmes**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **Whit** / 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Roy R. Bartmes** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased..... **Sept. 11 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 21 ..hr.min.

9. Birthplace **Greenville Ind. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name..... **W. B. Secrest**
13. Birthplace..... **Ind. /**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna Falk**
15. Birthplace..... **Ind. /**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Roy R. Bartmes**
(b) Address..... **4323 Washington Blvd.**

17. (a) **Burial** (b) Date thereof..... **10-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. **OCT 2 1942** (b) **J. F. Briedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9 / 19**
(d) Street No. **4323 Washington Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**
year **1942** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sept 9** 19**42** to **Oct. 21** 19**42**
that I last saw **her** alive on **2** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Embolism **Instant**
Due to **Hypertensive Heart Disease** **3 years**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

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) (e) Means of injury.....

23. Signature **Walter A. Dell** (M. D. or other) **MD**
Address **7346 a Manchester** Date signed **10/2/42**

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

1348 Manchester
1-4
7/17 1751

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 *Albert R Thompson Jr.*
Licensed Embalmer No. *4237*

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, fact should be so stated above.