

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1007**

Registrar's No. **9284**

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

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:
4318 Delor St. /
(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 **Esther Bartels**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **William F. Bartels** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Aug. 13th 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **2** Days **23** If less than one day
.....hr.min.

9. Birthplace **Decatur Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Lewis**
13. Birthplace **England /**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Davis**
15. Birthplace **England /**
(City, town, or county) (State or foreign country)

16. (a) Informant **William F. Bartels**
(b) Address **4318 Delor St.**

17. (a) **Burial** (b) Date thereof **11-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**
Kriegshauser Mortuary

18. (a) Signature of funeral director.....
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **NOV 6 1942** (Date received local registrar)
J. J. Budesh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **12**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9 15**
(d) Street No. **4318 Delor St.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th**
year **1942** hour **4:45** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **March 9**
1942, to **Nov. 5**, 19**42**,
that I last saw **her** alive on **Nov. 4**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left breast with metastases**
Due to.....
Due to..... **50**

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

Major findings: **Ca of Breast with metastases**
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?

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature **George A. Carroll** (M-D. or other)
Address **677 N. Grand** Date signed **11-5-42**

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 *Edwin M. Bennett*.....

Licensed Embalmer No. *3024*.....

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.