

Registration District No. 318

Primary Registration District No. 47002

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:  
1433 E. Prairie Ave. /  
(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)

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. 1433 E. Prairie Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

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3. (a) PRINT FULL NAME John Partl

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Verona Partl

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

7. Birth date of deceased. June 18, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>3</u>	hr. min.

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

10. Usual occupation Retired Mechanic

MOTHER FATHER

11. Industry or business.....

12. Name Leopold Partl

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Verona Partl

(b) Address 1433 E. Prairie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 23 1943 (Date received at local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-11  
14 to 3-21 1943  
that I last saw him alive on 3-21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) [Signature]

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? [Signature] (Specify type of place) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) [Signature]

Address 1005 W. E. [Signature] Date signed 3-22-43

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

422

JUN 5 1957

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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 Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Main

**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.**