

19456

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 30 1944

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 5618

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:
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community life 0 (Specify whether 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. 4634 S. Grand
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Bartsch

3. (b) If veteran, name war _____

3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 30, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation at home

11. Industry or business _____

12. Name Louis Schulz

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Louisa Schellhorn

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 6/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) JUN 22 1944 J. Z. Brueck
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1944 hour 2:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 18, 1944 19____, to June 19, 1944 19____; that I last saw her _____ alive on June 19, 1944 _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive cardiovascular disease with auricular fibrillation

Due to Senility

Due to _____

Other conditions Senile psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None permitted

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 Thomas A. Sweetman MD. (M. D. or other) 0
Address 5800 Arsenal St Date signed 6-19-44

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7037 Gravois

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.