S. No. 2
M—5-43
. 5-17-39
o I X36671

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

42459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18534

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5057

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12

(c) City or town St Louis h. 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4634-5 Grand Boul
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paul Bartsch

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep (Month) 16 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	8	21	hr. min.

9. Birthplace Germany (City, town, or county) 11 (State or foreign country)

10. Usual occupation Retired Paper Carrier. 1

11. Industry or business —

FATHER
12. Name — Bartsch
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Al Bartsch
(b) Address Box 751 Le May Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem

18. (a) Signature of funeral director John L Zugenhen & Sons
(b) Address 7027 Gravois

19. (a) JUN 8 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 7th year 1945 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from 5/25/45, 19__, to 6/7/45, 19__; that I last saw him alive on 6/7/45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to 162	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 James J Stout (M. D. or other)

Address 1515 Lafayette Date signed 6/7/45

(Licensed Embalmer's Statement on Reverse Side)

Emb separate cert to be filed

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, fact should be so stated above.