No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42837

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11853

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township) 32-25 N

(c) Name of hospital or institution: Littel Sister of Poor. Floussant (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether

In this community about 5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cas 0

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. Littel Sisters Of The Poor (If rural, give location) 9

32-25 N. Floussant ~~North~~ 0

(e) Citizen of foreign country? (Yes or No) 20

If yes, name country

3. (a) PRINT FULL NAME Henry. J Bartels.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 16 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Cape Girardeau. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr Ben. Bartels.

(b) Address 5434 Vera Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) DEC 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Dec. 12, 1947 to Dec 27, 1947 that I last saw him alive on December 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN

Underline the cause of 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 0

23. Signature Bernard B. Slotte (M. D. ~~or other~~)

Address 2302 Salisbury St Date signed 12-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.