

FILED DEC 22 1947
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3463a Grace Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3463a Grace Avenue
16 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1947 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from Aug 21
1947 to Dec 7 1947
that I last saw him alive on Dec 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration 3 days
Due to _____
Due to _____

Other conditions: Chol. Calculus 8 yrs
(Include pregnancy within 3 months of death)
non-calculous

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:
(c) 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) _____ (c) Means of injury _____
23. Signature May Stullhoff (M. D. or other) MD
Address 57 E. Dow Ave Date signed 12/2/47

3. (a) PRINT FULL NAME Miss Laura K. Barthel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased: November 23, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Paul G. H. Barthel

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

14. Maiden name Katharina Erlmann

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

16. (a) Informant Miss Hilma Barthel

(b) Address 3463a Grace Avenue

17. (a) Burial (b) Date thereof Dec. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 9 - 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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

Neil

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 *Neal K. Paulson*.....

Licensed Embalmer No. *4114*.....

P. O. Address. *1936 St. Lucie Ave*.....

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.....