No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17370

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4383

**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 4364 Delor
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 600

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

(d) Street No. 4364 Delor 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Bartz

3. (b) If veteran, name war --

3. (c) Social Security No. ---

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Amelia

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

7. Birth date of deceased January (Month) 21 (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Cement Worker

11. Industry or business

MOTHER FATHER

12. Name Unknown Bartz

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

14. Maiden name Unknown

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

16. (a) Informant Amelia Bartz

(b) Address 4364 Delor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Schlueter

(b) Address 3634 Gravois Ave.

19. (a) MAY 1 0 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8 year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 27, 1920, to May 8, 1948; that I last saw him alive on March 16, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerotic Heart Disease | 28 yrs. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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

23. Signature G. R. Sheffler (M. D.)

Address 634 N. Grand St. Louis, Mo. Date signed 5-10-48.

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.....Frank J. Ward

Licensed Embalmer No.....2645

P. O. Address.....St Louis Mo

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.