

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30827**
7879
Registrar's No. _____

FILED SEP 20 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
6001 Tennessee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ 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. **6001 Tennessee**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Paul Bartonek**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color of race **White**

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

6. (b) Name of husband or wife **Kate Bartonek**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **December 15, 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	19	hr. _____ min. _____

9. Birthplace **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired 7 years**

11. Industry or business **Landscaper**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Kate Bartonek**

(b) Address **6001 Tennessee**

17. (a) **Burial** (b) Date thereof **9-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cem.**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.**

19. (a) **SEP 8 1948** (b) **J. F. Broeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, day **4th**
year **1948** hour **11** minute **45** p. m.

21. I hereby certify that I attended the deceased from **5-15-46** to **9-4-48**
and that death occurred on the date and hour stated above.

that I last saw him alive on **9-4-48**

Immediate cause of death **Chronic myocarditis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **Andrew J. Klaine** (M. D. or other) **A. D.**
Address **4632 So Grand** Date signed **9-7-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

6282

DR. A. KLEIN
4632 S. GRAND

LO. 9220.

HO. 3159

FE. 5858.

2 to 6

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.....

J. W. Embler

Licensed Embalmer No.

3653

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.