

No. 300
-10-47
-17-39
P I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33899**
8980
Registrar's No. _____

FILED OCT 23 1948

Registration District No. **318**

Primary Registration District No. **1005**

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-M. 15-days
In this community 50 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charles Barthel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lena Barthel 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 5th., 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Ill. I.
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith

11. Industry or business _____
12. Name Charles Barthel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Barthel
(b) Address 1905 Destrehan St.
17. (a) Burial (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. S. Peter & Paul
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 17 1948 (b) J. B. Parater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Destrehan St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th.,
year 1948 hour _____ minute 6 15 p.m.

21. I hereby certify that I attended the deceased from January 16-46
October 14, 1948 to October 14, 1948
that I last saw him in alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention Duration 1 day
Due to Permissive Aneurysm 1 yr.
@ Mr. Myocarditis 3 yrs.
Due to Arteriosclerosis (peroneal) 2 yrs.
Other conditions Serophyllosis Gonorrhea 1 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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) no
(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? no
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Parater (M. D. or other) no
Address 2767 Morris Date signed 10-15-48

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

MOTHER FATHER

1-5-58

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.