

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41257**
Registrar's No. **11176**

Registration District No. **318**

Primary Registration District No. **1003**

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: Little Sisters of Poor - 325 N. Flourissant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-month 6
(Specify whether years, months or days) 50 yrs.

3. (a) PRINT FULL NAME Lena Barthel

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Charles Barthel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 23rd., 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

16. (a) Informant Mr. Leo Barthel
(b) Address 1905 Destrehan St.

17. (a) Burial (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul
(d) Signature of funeral director Arthur J. Donnell
(e) Address 3840 Lindell Blvd.

19. (a) DEC 27 1948 (b) J. B. Pasden
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th.,
year 1948 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from December 12, 1948 to December 26, 1948
that I last saw h. or w. alive on December 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Car dio-vascular renal vascular ???
Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None
Of autopsy None
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) _____
(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) _____
Means of injury 0

23. Signature Donald L. Stoffer (M. D. or other) _____
Address 2435 N. Grand Blvd. Date signed 12-26-48

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

MOTHER FATHER

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 William Matra

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.