

FILED JAN 11 1949

318

Primary Registration District No. _____

1003

Registrar's No. 10946

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 San
(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 Mike Bartonek

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 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 4, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Gardner

11. Industry or business _____

12. Name Paul Bartonek

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

14. Maiden name Kate Kammer

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 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand

19. (a) DEC 19 1949 (b) J. B. Sauter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1948 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1400 pm
1948 to 12:30 pm 1948
that I last saw her alive on 12/13/48
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Infarction
Chronic Insufficiency

Duration
1 yr
2 mo

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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:

(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 MI

23. Signature J. B. Sauter (M. D. or other) MD
Address 4554 Virginia Date signed 12/18/48

S. Sanka

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 J. Wm. Benkle
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.