

STANDARD CERTIFICATE OF DEATH

38678

FILED DEC 1 1951

State File No. 10449

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10449

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1931a S112th Street		22 STREET ADDRESS (If rural, give location) 1931a S112th Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Bartosch		4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 51	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 66-30-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) E St. Louis Ill		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Thomas Cauley		13b. MOTHER'S MAIDEN NAME Mary Cannon		14. NAME OF HUSBAND OR WIFE John Bartosch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Bartosch	
				ADDRESS 1931a S112th St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis Chronic		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>11/23/51</u>
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22. I hereby certify that I attended the deceased from 12/22, 1948, to 11/23, 1951, that I last saw the deceased alive on 11/16, 1951, and that death occurred at 6-10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Demko M.D.</u>	(Degree or title)	23b. ADDRESS <u>3450 Grand Ave</u>	23c. DATE SIGNED <u>11/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. NOV 24 1951	REGISTRAR'S SIGNATURE <u>John Bartosch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Moynell</u>	ADDRESS Moynell Funeral Home 1926 Allen
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me  
and George Soboda Jr  
working under my personal supervision.

Signed George J. Soboda Jr.  
Student Embalmer

Signed Bob A. Stannan  
Licensed Embalmer No. 421  
4533  
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.