

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22881**
Registrar's No. **1629**

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton MO, 4442	
c. LENGTH OF STAY (to this place) 20yrs		d. STREET ADDRESS (If rural, give location) 8140 Pershing Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8140 Pershing Ave		d. STREET ADDRESS (If rural, give location) 8140 Pershing Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) A. c. (Last) Barthelemy			4. DATE OF DEATH (Month) June (Day) 16 (Year) 1952	
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov 12 1866		9. AGE (In years last birthday) 85		10. MONTHS 7 HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLAZIER		10b. KIND OF BUSINESS OR INDUSTRY GLASS INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) France
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Francis Barthelemy		13b. MOTHER'S MAIDEN NAME Philomene Collin
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 489-16-6053
17. INFORMANT'S SIGNATURE OR NAME Minnie Norton		ADDRESS 8140 Pershing Ave		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial Infarction		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senescent Arteriosclerosis (Senility)		INTERVAL BETWEEN ONSET AND DEATH (yrs)
*This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-22**, 19**52**, to **6-11**, 19**52**, that I last saw the deceased alive on **6-16**, 19**52**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Harold A. Munsch M.D.		22b. ADDRESS 033 N. M...		22c. DATE SIGNED 6-17-52
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		23b. DATE 4 June 19-52		23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
23d. LOCATION (City, town, or county) (State) Festus Mo.		24. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Domke M.D.		ADDRESS Stroot-Carroll 4600 Nat Bridge Ave
DATE REC'D BY LOCAL REG. 6-17-52		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Domke M.D. ADDRESS Stroot-Carroll 4600 Nat Bridge Ave		

3 W (Revised Embelmer's Statement on Reverse Side)

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

4-002

Dr. Edward Munnis
33 N. Meramec
Clayton
Mo
6729

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *3077*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of: }
County of: } ss.

State File No. 22881

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1629

On this 24 day of JUNE, 1952, before me appears PATRICK E. CLIFFORD
PRES. STROOT - CARROLL UND. CO., who, upon HIS oath, states that the original record of ^{birth} death
for FRANCIS A. BARTHELEMY, ^{died} JUNE 16, 1952, 19....., in the State of
Missouri, and which was filed at ST. LOUIS COUNTY ^{birth} on JUNE 18, 1952, should be corrected as follows:

Item No. 8 should read NOV. 12, 1866

Instead of

Item No. 9 should read 85 yrs

Instead of 7/11/11/1961/17/17

Item No. 4 should read JUNE 16, 1952

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief. STROOT - CARROLL UNDERTAKING CO.

(SEAL)

Affiant Patrick E. Clifford
Relationship.

4600 NATURAL BRIDGE AVE

Present Address.

ST. LOUIS 15, MISSOURI

Subscribed and sworn to before me this 24 day of JUNE, 1952...

My Commission expires MAY 23, 1954

Patrick E. Clifford
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

APR 3 1962

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