

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30570

30570

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8002</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILL</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY OR TOWN <u>GRANITE CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>2632 BENTON ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bartels</u> b. (Middle) <u>Peggy</u> c. (Last) <u>Alfida</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 11 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 4, 1895</u>	
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>CHRIST YANN</u>		13b. MOTHER'S MAIDEN NAME <u>???</u>		14. NAME OF HUSBAND OR WIFE <u>HERMAN C. BARTELS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Herman C. Bartels</u> ADDRESS <u>2632 Benton Granite City</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colon, adenocarcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None known</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>					
19a. DATE OF OPERATION <u>12 Mar 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Possibly 2 primary lesions of colon.</u>				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 (Month) (Day) (Year) (Hour) OF INJURY _____	
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 <u>1 March 55</u> , to <u>11 Sept 55</u> , that I last saw the deceased alive on <u>10 Sept 55</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bart M. Parsamian M.D.</u>				23b. ADDRESS <u>Mo. Pacific Hospital</u>		23c. DATE SIGNED <u>9-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILL.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 12 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leonard R. Davis Granite City Ill</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leonard R. Davis*.....

Licensed Embalmer No. *8375*

P. O. Address *GRANITE CITY*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.