

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40771-a

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 383

Township St. Louis

Primary Registration District No. 5534

City St. Louis Mo. (No. 3226)

File No. 6

Registered No. 6

St.          Ward         

**2. FULL NAME**

Mary Wilhelmina Bartels

(a) Residence. No.         

St.          Ward         

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs.          mos.          ds. How long in U.S., if of foreign birth?          yrs.          mos.          ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. H. Bartels

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-22-1868

7. AGE

YEARS 63

MONTHS 9

DAYS 6

If LESS than 1 day,          hrs. or          min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)         

(c) Name of employer         

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William B. Dandere

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Minnie Hensel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT M. H. Bartels

(Address) St. Louis Mo

15.

FILED 29

19 32

G. F. Rose

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1931

17.

I HEREBY CERTIFY, That I attended deceased from          to Dec-28- 1931 that I last saw her alive on 12-11- 1931, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular disease of heart  
92A (duration) 8 yrs.          mos.          ds.  
CONTRIBUTORY (SECONDARY) 92A (duration)          yrs.          mos.          ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH P. of Ill.

DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physian

(Signed) REPERRE, M. D.

. 19          (Address) St. Louis Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

St. Louis Mo

Dec 30 1931

**20. UNDERTAKER**

ADDRESS

J. F. Sureau

St. Louis Mo

1932

