MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8712

Township ..... Primary Registration District No. 1003 Registered No. 2174

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Marvin Christopher Bartch

(a) Residence, No. ..... St., NR Ward. Houston, Mo. - 1
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13th, 1920

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Missouri

FATHER

13. NAME Howard Bartch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County, Missouri

MOTHER

15. MAIDEN NAME Pearl Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clara, Missouri

17. INFORMANT (ADDRESS) Howard Bartch Houston, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houston, Mo. DATE Feb. 23, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED 22 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1937, to Feb. 21, 1937.
I last saw him alive on Feb 21, 1937 Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPTICEMIA (STAPH. AUREUS)	1-20-37?
LUNG ABSCESSES, MULTIPLE	2-1-37?
OSTEOMYELITIS OF OS CALCIS, RT.	1-13-37?
Non TB	

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Other contributory causes of importance:
abscess non TB cause unknown

Name of operation INCISION + DRAINAGE OF INFECTED FOOT Date of 1-24-37
What test confirmed diagnosis? BLOOD CULTURE Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Frank J. McDowell, M. D.
(Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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