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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

C 2673

File No. 1943

Registered No. 5695

2. FULL NAME Julius Barteau

(a) Residence, No. 8540 North Broadway St. 8 Ward.
(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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma J Barteau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29, 1861

7. AGE: Years 75 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St Louis Car Co

10. Date deceased last worked at this occupation (month and year): 6 1/2 ago

11. Total time (years) spent in this occupation: 30 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri Florissant

FATHER

13. NAME: Peter Barteau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florissant Mo

MOTHER

15. MAIDEN NAME: Ellen Jehatae

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florissant Mo

17. INFORMANT (ADDRESS): Hosp. Info M.H.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Ferdinand Cem DATE June 11, 1937

19. UNDERTAKER (ADDRESS): Friedrich Funeral Home 3319 Holly Ferry Rd

20. FILED JUN 9 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/25/37, 19 to 6/8/37, 19

I last saw him alive on 6/8/37, 19 Death is said to have occurred on the date stated above, at 5. p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Heart Disease	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

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? .....

If so, specify .....

(Signed) Geo. A. Barden M.D.

(Address) City Hospital No1