

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

32833
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. Registered No. **8887**
 (c) City **St. Louis, Mo.** (d) Street No. **5647 Maple Ave.,** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John H. Bartels,
 (a) Residence, No. **4105 Clarence Ave.,** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Bertha Bartels**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 24 1867**

7. AGE YEARS **70** MONTHS **4** DAYS **29** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Sheet**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Metel Worker**
 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) **St. Louis, Mo.**

FATHER 13. NAME **Fred Bartels**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Bertha Bartels**
4105 Clarence Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions Cem.** DATE **Sept. 24th**

19. FUNERAL DIRECTOR (ADDRESS) **Hy Lechner Mch. Co.**
1417 W Market Street

20. **SEP 23 1937** 19 **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 22 1937**

22. I HEREBY CERTIFY, That I attended deceased from **8:17-27**, 19... to **9:12**, 19...
 Last saw him alive on **9:12**, 19... Death is said to have occurred on the date stated above, at **4:00** m.
 The principal cause of death and related causes of importance were as follows:

Encephalitis Epileptica Date of onset

Other contributory causes of importance:

Name of operation **no** Date of
 What test confirmed diagnosis **Clinical Laboratory** 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? **No**
 If so, specify
 (Signed) **Charles B. ...** M. D.
 (Address) **4743 Natural Bridge Ave.**

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.

100-000

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *A. H. Siedler*
Licensed Embalmer No. *2257*

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.)