

RECD OCT 14 1939

791

Registration District No.

1003

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3832 Flora Pl.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME Emiele Barthels

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Herman Barthels 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Feb. 9, 1854  
(Month) (Day) (Year)8. AGE: Years 85 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At home12. Name John H. Kaiser13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown Meier 15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs E. Geisel(b) Address 3832 Flora Pl.17. (a) Burial (b) Date thereof Sept. 28/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Belefontaine Cem.18. (a) Signature of funeral director Weick Bros.(b) Address 2201 So. Grand Blvd.19. (a) SEP 27 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3832 Flora Pl.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1939 hour 7 minute 30 A.M.21. I hereby certify that I attended the deceased from Jan 16, 1939, to Sept 26, 1939;  
that I last saw him alive on Sept 26, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration 2Due to Arterio-sclerosis 2  
Rheumatic Myocarditis 2Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. Louis Schuchat (M. D. overline)  
Address 2200 Chouteau ave Date signed 9/27/39

Wm Schuchert  
Jan. 1983  
2205 Chestnut 12th C

*Wm Schuchert*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**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 this body is not embalmed, above space should be left blank.**