

38026

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 13 1939 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9865

1. PLACE OF DEATH: Home

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution City Hospital  
(If outside city or town limits, write "RURAL", and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")

(d) Street No. 4956 Page  
(If rural, give location)

(e) Medical Physician \_\_\_\_\_

3. (a) PRINT FULL NAME Tom Bartelme

20. DATE OF DEATH: Month 11 day 17  
year 1939 hour 2 minute 45 P.M.

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 17 - 1939  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Congestive heart failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Emil Bartelme

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Mirasky

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically X

16. (a) Informant's own signature Tom Bartelme

(b) Address 4956 Page

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Buried (b) Date thereof Nov 20 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravary Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director John Stearns

(b) Address 12225 Union

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) NOV 20 1939 (b) J. Bradlock  
(Date received local registrar) (Signature of registrar)

23. Signature Deputy Coroner (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X1951

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**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 *Bernard A. Stewart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union*

**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.**