

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

865

Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
 (b) Township 1003 Primary Registration District No. 865 Registered No. 865  
 (c) City St Louis (d) Street No. 4125 Shaw Blvd 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

634 Helena Barthele  
 (a) Residence, No. 4125 Shaw Blvd St. 17 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>William Barthele</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25, 1862</u>                           |  |   |
| 7. AGE<br>YEARS<br><u>77</u>  | MONTHS<br><u>8</u>   | DAYS<br><u>26</u><br>If LESS than 1 day, ..... hrs. or ..... min.           |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewoman</u> |   |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>               |   |
|   | 10. Date deceased last worked at this occupation (month and year) <u>Jan 5, 1940</u>                 |   |
| 11. Total time (years) spent in this occupation <u>Life</u>                             |  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeburg Illinois 1</u>             |  |   |
| FATHER  | 13. NAME <u>Phillip Koesterer 6</u>  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 6</u>                       |  |   |
| MOTHER  | 15. MAIDEN NAME <u>Reichert</u>  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                         |  |   |
| 17. INFORMANT (ADDRESS) <u>Josephine Barthele 4125 Shaw Blvd.</u>                       |  |   |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>Freeburg Ill.</u> DATE <u>Jan 23, 1940</u>    |  |   |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>John G. Lintzel Jr. Freeburg Illinois</u>             |  |   |
| 20. FILED <u>JAN 29 1940</u> <u>J. B. Burk</u> Local Registrar.                         |  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/5/34, 1934, to 1/20/40, 1940.  
 I last saw her alive on 1/20/40, 1940. Death is said to have occurred on the date stated above, at 4:45 AM.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
 Duration: 24 Hours.  
501  
 Other contributory causes of importance:  
Diabetes Mellitus  
 Duration: 5 years.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
and laboratory findings

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) A. L. Hertel, M. D.  
 (Address) 3606 Gravois Ave.

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**STATEMENT BY LICENSED EMBALMER**

I, John G. Sintzel Jr., Licensed Embalmer No. 2914  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John G. Sintzel Jr.  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed John G. Sintzel Jr.  
Licensed Embalmer No. 2914

**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.)**