

No. 2
4-13-40
5-17-39
PI X23159

MAILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12561**
Registrar's No. **2991**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2991**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 1411 Switzer Avenue
(d) Length of stay: In hospital or institution 15 years
In this community 15 years

3. (a) PRINT FULL NAME ETHEL C. BARTOLD
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry L. Bartold
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 7, 1882

8. AGE: Years 58 Months 6 Days 26
If less than one day hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name George Lathy
13. Birthplace Kansas
14. Maiden name Mary Hopple
15. Birthplace Kansas

16. (a) Informant Harry L. Bartold
(b) Address 1411 Switzer Avenue

17. (a) Burial (b) Date thereof 4/5/41
(c) Place: burial or cremation Math. Hill Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) APR - 4 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1411 Switzer Avenue
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1941 hour 2 minute 25 AM M.

21. I hereby certify that I attended the deceased from October 10, 1940, to April 2, 1941,
that I last saw her alive on April 1, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung
metastasis to the Pleura
Due to infection of lungs
Other conditions Secondary non-specific
(Include pregnancy within 3 months of death)

Major findings: Biopsy = Carcinoma of bronchi
Of operations: H I

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Manner of injury 0 MD
23. Signature W. P. Hamilton (M. D. or other)
Address 8263 Dalls Ferry Date signed 4-3-41

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

0
7
9

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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, fact should be so stated above.