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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33281

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8236

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos.
In this community 41 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4114 Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Amelia Bartman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William H. Bartman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 8, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months -- Days 8 If less than one day hr. min.

9. Birthplace Concordia, Mo/ (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Julius Vogt

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mary Noerper

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edmund F. Bartman

(b) Address 4114 Lexington Ave.

17. (a) Burial (b) Date thereof Oct. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director J. F. Paschedag

(b) Address 2825 N. Grand Blvd.

19. OCT 16 1941 (b) J. F. Paschedag
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16, year 1941 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from July 16, 1941 to October 16, 1941 that I last saw him or her alive on October 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Generalized

Due to.....
Due to.....

Other conditions Senility & Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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 John E. Wiskerch M.D. Date signed 10/16/41
Address 225 Lafayette Avenue,

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

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..... *Welford G. Burnley*

..... Licensed Embalmer No. *4202*

P. O. Address.....

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.