

FILED FEB 1 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

636

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:  
**1931a S. 12th St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1931a S. Twelfth**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Dora Bartosch**

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

7. Male / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **John Bartosch** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **December 24 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**82 0 28** hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER

12. Name **William H. Pein** 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dora Tieman** 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Bartosch**

(b) Address **3737 Iowa**

17. (a) **Cremation** (b) Date thereof **1/25/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **John M. ...**

(b) Address **3013 Meramec**

19. (a) **JAN 22 1943** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **21**  
year **1943** hour **12.45** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 2, 1942**, to **Jan 20, 1943**  
that I last saw her alive on **Jan 20, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chr Myocarditis**  
**arteriosclerosis**  
Due to **Carcinoma of L. breast**  
" **L. ax. gland**  
Due to **stomach**

Duration  
years  
years  
probably  
months

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) (c) Means of injury.....

23. Signature **J. M. ...** (M. D. or other)  
Address **3554 VICTOR ST.** Date signed **1/21/43**

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

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**STATEMENT BY LICENSED EMBALMER**

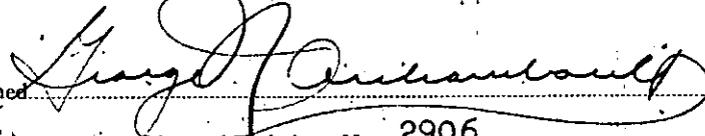
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

**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.**