

State File No.

Registrar's No.

FILED FEB 23 1943
 318
 Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH: **St. Louis Mo.**
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution: **Alexian Brothers Hosp. 3933 O St. Proximity**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **1 Day** specify whether
 In this community..... **Life**
 years, months or days)

3. (a) PRINT FULL NAME: **George Bartels**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No..... **no**

4. Sex: **Male O**
 5. Color or race: **White**
 6. (a) Single, widowed, married, divorced: **Single O**
 6. (b) Name of husband or wife: **non**
 6. (c) Age of husband or wife if alive: **no** years
 7. Birth date of deceased: **May 18, 1885**
 (Month) (Day) (Year)

8. AGE: **57** Years **8** Months **24** Days If less than one day
 hr. min.

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

10. Usual occupation: **Retired**

11. Industry or business: **non**

12. Name: **George Bartels**

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

14. Maiden name: **Cathrin Knoll**

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

16. (a) Informant: **Henry Bartels**

(b) Address: **Burial 2834 Iowa 2-15-43**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof: **2-15-43**
 (City or town) (County) (State) (Year)

(c) Place: burial or cremation: **St Peter & Paul Cem**

18. (a) Signature of funeral director: **W. J. Bradeck**
 (b) Address: **3819 S. Grand Blvd**

19. (a) **FEB** (b) **J. F. Bradeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **00**
 (c) City or town: **St. Louis** (If outside city or town limits, write "RURAL") **247**
 (d) Street No.: **2834 IOWA AVE** (If rural, give location) **9**
 (e) Citizen of foreign country? **NO.** (Yes or No)
 If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **12**
 year **1943** hour **4:10** minute **P.** M.
 21. I hereby certify that I attended the deceased from **May 10-1941**
 to **Feb. 12, 1943**
 that I last saw him alive on **Feb. 12, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute dilatation of the heart**
 Due to: **Coronary hypertrophy Endocarditis mitral Aortic roughening**
 Other conditions: **Chronic poisoning**
 (Include pregnancy within 3 months of death)

Major findings: **as above**
 Of operations: **as above**
 Of autopsy: **as above**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **none**
 (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: **0**
 23. Signature: **J. W. Bradeck** (M. D. or other) **MD**
 Address: **2767 Kansas** Date signed: **2-12-43**

Duration: **1 day**
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

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.....

Walter 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.