S. No. 2
M—2-43
5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22335

Registrar's No. 1367

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 14, 1943 (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2821-a Magnolia Avenue, 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME: William Bartels

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: None.

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of ~~husband~~ or wife: Tecla

6. (c) Age of ~~husband~~ or wife if alive: 49 years

7. Birth date of deceased: August (Month) 26, (Day) 1887 (Year)

8. AGE: Years 55 | Months 9 | Days 13 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Painter

11. Industry or business: -

FATHER
12. Name: August Bartels
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Maiden Name Unknown
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Government Records
(b) Address: Vet. Adm. Fac, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John H. Gebken Sons Mrs. Co.
(b) Address 2630 Gravois

19. (a) JUN 12 1943 (Date received local registrar) (b) E. G. McKaran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1943 hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from May 14, 1943, to June 9, 1943, that I last saw him alive on June 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic heart disease with cardiac enlargement, myocardial damage, valvular damage, mitral and myocardial insufficiency	Unknown
Due to: -	
Other conditions (Include pregnancy within 3 months of death): Hypertension, arterial. Arteriosclerosis, generalized.	Unknown

Major findings:
Of operations: None. 926
Of autopsy: Autopsy not granted.

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): no
(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? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature: L. M. COCHRAN, M.D. (M. D. or other) 43
Address: Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 6/10/

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 19[illegible]

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.