

Registration District No. 317

Primary Registration District No. 3.067

Registrar's No. 2023

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Barbara Gartner Barthen

3. (b) If veteran, name war No. 3. (c) Social Security No. 193-01-1111

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

6. (b) Name of husband or wife Nickolas Barthen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 21, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Housekeeper City Sanitarium

11. Industry or business _____

MOTHER FATHER { 12. Name John Gartner 4
13. Birthplace Hungary (City, town, or county) (State or foreign country)

14. Maiden name Theresa Leszl
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant John Gartner
(b) Address 1 Treebrook Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/13
(Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) SEP 8 - 1913 (Date received local registrar) (b) E. J. McHarran (Registrar's signature) 75

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Treebrook Lane
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Hungary 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1913 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June
1936 9/5/13 19____;
that I last saw h. er alive on 9/4/13 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cardiac failure 2 wks
arterio, aortic
regurgitation 7 yr

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations 9 yr
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) (a) (b) (c)
23. Signature E. J. McHarran (M. D. or Pharm. C)
Address 7952 Maryland Date signed 9/5/13

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

2
43
39
35697

FILED SEP 11 1913

SEP 8 - 1913

OCT 18 1943

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.....

Licensed Embalmer No.....

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.