S. No. 2
0M—2-43
FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 21 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29707

Registrar's No. 8203

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: 5939 A. Coronado ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DEACEASED:

(a) State Mo. (b) County 090 17

(c) City or town St. Louis 9 1
(If outside city or town limits, write "RURAL")

(d) Street No. 5939 a Coronado ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Martin C. Bartels

3. (b) If veteran, name war None

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 Ida Bartels

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January (Month) 6 (Day) 1883 (Year)

8. AGE: Years 60 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

MOTHER, FATHER

12. Name Herman Bartels

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

14. Maiden name Frieda Hahne

15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Ida Bartels

(b) Address 5939 A. Coronado ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15-43 (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY LUTH. CEM.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 6464 Chippewa

19. (a) SEP 14 1943 (Date received local registrar) (b) J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12 year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 1st 1943 to Sept 12 1943 that I last saw him alive on Sept 12th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver 1 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Liver

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature W. R. Rothgeb (M. D. or other)

Address 4752 Shaw Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rodefeiner
4724 Brown

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.