

No. 2  
-2-43  
5-17-39  
X 35857

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16140

FILED JUN 9 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5000

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL  
(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 John Frederick 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 Nora Bartels

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 2 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	28	hr. min.

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

10. Usual occupation Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John F. Bartels

13. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Grither

15. Birthplace Weingarten Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Bartels

(b) Address St. Marys, Mo.

17. (a) Burial (b) Date thereof 6-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 31 1944 J.F. Bredel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from May 30 5:30 Pm 1944 to 10:40 Pm May 30 1944; that I last saw him alive on May 30 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism 2 wks.

Due to Arteriosclerosis, advanced yrs.

Arteriosclerotic cardiovascular

disease & hypertension. yrs.

Other conditions Benign hypertrophy prostate yrs.

Hemorrhagic cystitis & calculi

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: as above

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) (e) Means of injury \_\_\_\_\_

23. Signature Herbert C. Megeath (M. D. or other) MD

BARNES HOSPITAL Date signed \_\_\_\_\_

JUN 21 1966

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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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed *R. W. Wilkin*  
Licensed Embalmer No. *3575*

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.