

FILED JUN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19027

State File No. \_\_\_\_\_

Registration District No. 3 157

Primary Registration District No. 3063

Registrar's No. 1202

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 16 days  
(Specify whether)

In this community 25 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 9241 Arline  
(If rural, give location)

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

3. (a) PRINT FULL NAME Bartig, Elizabeth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Charles R. Bartig 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased About 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1944 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5-13, 1944, to 5-28, 1944;  
that I last saw him alive on 5-28, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident Duration Hours

Due to Hypertensive Cardiovascular  
Robert disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years about 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER { 12. Name ? dont know

FATHER { 13. Birthplace ? dont know  
(City, town, or county) (State or foreign country)

14. Maiden name ? dont know

15. Birthplace ? dont know  
(City, town, of county) (State or foreign country)

16. (a) Informant James L. Bartig  
(b) Address 1650 Gendo, University City, MO

17. (a) Burial (b) Date thereof 5-31-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitach  
(b) Address 5966-68 E. Benton Avenue

19. (a) MAY 31 1944 (b) E. J. Mc Gowan, ME  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 932

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature James Cornish (M. D. or other) \_\_\_\_\_  
Address County Hospital Date signed 5-28-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St Louis, Mo*

**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.