

FILED JUN 20 1944

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 16-13

5000

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

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: ST JOSEPH'S HILL INFIRMARY  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months 16 days  
(Specify whether years, months or days)

In this community 0  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town ROYAL  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME LUCAS BARTELS

3. (b) If veteran, name war 700

3. (c) Social Security No. 700E

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1944 hour \_\_\_\_\_ minute 11:20 AM

4. Sex MALE

5. Color or race White

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

6. (c) Age of husband or wife if alive 52 years

Name of husband or wife MARIE ALBENS

7. Birth date of deceased: (Month) 11 (Day) 17 (Year) 1881

21. I hereby certify that I attended the deceased from April 18, 1944, to May 14, 1944, that I last saw him alive on Apr 18, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 5 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion Sudden

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

10. Usual occupation FAIRY RETIRED

Due to Coronary heart condition years

Due to Hypertension sclerosis years

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

12. Name GERHART BARTELS

13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

14. Maiden name CATHERINE KNOLL

15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

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

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

PHYSICIAN 94

Underline the cause to which death should be charged statistically.

16. (a) Informant Brother Patrick J. St

(b) Address St Joseph's Infirmary, Euclid

17. (a) burial (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Park, Eu

18. (a) Signature of funeral director Wingeborn

(b) Address 3819 S. Grand Blvd

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 0

19. (a) Date received local registrar 14 May 1944 (b) J.A. Vowens  
(Date received local registrar) (Registrar's signature)

23. Signature John L. Meador (M. D. or other) \_\_\_\_\_  
Address 2155 N. Vandeventer Ave 7 Date signed 4-16-44

386

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 6-19-44

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

*J. W. Wilkin*

Licensed Embalmer No.

3570

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.