

FILED AUG 21 1944

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**
Kirkwood
 (c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
 (d) Street No. **828 West Woodbine**
(If rural, give location)
 (e) Citizen of foreign country? **1** (Yes or No)
 If yes, name country **NR.**

3. (a) PRINT FULL NAME **John L. Barthelmass**

3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carolyn**
 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **July 5 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **6**
 If less than one day hr. min.

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

10. Usual occupation **Painting Contractor**

11. Industry or business **John**

MOTHER FATHER
 12. Name **John**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carolyn Barthelmass**

(b) Address **828 W. Woodbine Kirkwood.**

17. (a) **Burial** (b) Date thereof **Aug. 16, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Walter Helderle**

(b) Address **3634 Gravois Ave.**

19. (a) **AUG 15 1944** (b) **J. F. Brechen**
(Date received local registration) (Registrar's signature)

20. DATE OF DEATH: Month **Aug.** day **11**
 year **1944** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Aug 8** to **Aug 11**, 19**44**
 that I last saw him alive on **Aug 10**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Increase**
 Duration

Due to.....

Due to.....

Other conditions. **9/3**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **0**

23. Signature **J. F. Brechen** (M. D. or other)

Address **3651 Gravois Ave** Date signed **8/14/44**

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..... *Robert Wheeler*.....
Licensed Embalmer No. *2178*.....
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.