

FILED DEC 5 1948

Registration District No. ....

Primary Registration District No. ....

1003

State File No. ....

Registrar's No. ....

10123

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2014 N. 14th St.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2014 N. 14th St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Albert G. Bartel

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 Ella 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Feb. 27th 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 8 28 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business.....

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

16. (a) Informant Ella Bartel

(b) Address 2014 N. 14th St.

17. (a) Burial (b) Date thereof 11-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli

(b) Address 1150 N. Kings Highway Blvd

19. (a) NOV 28 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th  
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 10-24-44  
19....., to 11-25-44, 19.....  
that I last saw him alive on 11-24-44, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration 1 yr

Due to none

Due to.....

Other conditions.....  
(Include pregnancy within 5 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) (c) Means of injury

13. Signature Walter J. Sporeman

Address 1516 Br. Lane Date signed 11-27-44

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.**