

FILED FEB 7 1945 318

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 829

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Firmen Desloge Hosp.  
(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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3307 Winnebago St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles A. Barthelmass, Jr.

3. (b) If veteran, name war no. 3. (c) Social Security No. 489-09-6507

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

6. (b) Name of husband or wife Myrtle Barthelmass 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. 23 1905  
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation City Salesman

11. Industry or business F. Campbell Auto Supply

12. Name Chas. A. Barthelmass, Sr.

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

14. Maiden name Anna Haus

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

16. (a) Informant Myrtle Barthelmass

(b) Address 3307 Winnebago St.

17. (a) Burial (b) Date thereof 12-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director W. B. ...

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 27 1945 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1945 hour 6 minute 10 p. M.

21. I hereby certify that I attended the deceased from 7-3-1944 to 1-24-1945  
that I last saw him alive on 1-24-1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of larynx, recurrent in neck.

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

Other conditions (Include pregnancy within 3 months of death)  
HT

Major findings: Carcinoma of larynx  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

-Duration

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 Charles L. Sherwin (M. D. or other)  
Address 3729 Washington Date signed 1-26-45

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

MOTHER FATHER

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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.....

.....*Rowland*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Edgar F. Witt*.....  
Licensed Embalmer No.....*2117*.....

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.**