#54583

S. No. 2
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. 5-17-39
F-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10876

State File No.

FILED MAR 27 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2469

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: St. Louis City Hospital-Max C. Starkloff
(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. 4975 Northland Ave.
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH BARTHELEMY

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 24 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 18 If less than one day hr. min.

9. Birthplace — (City, town, or county) France (State or foreign country)

10. Usual occupation Glass worker

11. Industry or business

FATHER
12. Name Victor Barthelemy
13. Birthplace — (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Philomena Colin
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant Mrs. Marie-Jeanne Le
(b) Address 4975 Northland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 14 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1946 hour 2/15 minute P M.

21. I hereby certify that I attended the deceased from 19 to 3/12/46 19; that I last saw him alive on 3/12/46 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma of lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M.D. or other)

Address 1515 Lafayette Date signed 3/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

97783

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 E. 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.