P. S. No. 2
00M—5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 18 1946

State File No. 14276

Registration District No. 317 Primary Registration District No. 2068 Registrar's No. 829

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3359 OXFORD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3359 Oxford
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THEO. J. W. BARTHEL
3. (b) If veteran, name war
3. (c) Social Security No. 497-07-2817
4. Sex M. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Louise Brockman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. (Month) 10 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	1	hr. min.

9. Birthplace St. Louis (City, town, or county) U (State or foreign country)
10. Usual occupation Manager
11. Industry or business Brown + Pease Co.
MOTHER FATHER
12. Name Bruno Barthel
13. Birthplace Germany (City, town, or county) U (State or foreign country)
14. Maiden name Marie Meier
15. Birthplace Wentzville Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Louise Barthel
(b) Address 3359 Oxford, Maplewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Bergenwieder Funeral Home
(b) Address 1936 St. Louis Ave.
19. (a) 4-13-46 (Date received local registrar) (b) E. J. McDonnell M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11 year 1946 hour 6 minute 4 A.M.
21. I hereby certify that I attended the deceased from 7/10/45, 19..., to 4-17, 1946; that I last saw him alive on 4-10-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 hr.
Due to Hypertension	9 mo.
Due to 830.1	
Other conditions (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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Ben Brossard M.D. (M. D. or other)
Address 3500 Cambridge Maplewood Date signed 4/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Glen W. Hale

Licensed Embalmer No.....3737

P. O. Address.....1936 St. Louis Ave

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.