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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2210
Registrar's No. 2210

FILED MAR 14 1947
408697

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (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
 years, months or days)

3. (a) PRINT FULL NAME ELEANOR BARTEL
 (b) If veteran, name war no
 (c) Social Security No. none

4. Sex Female 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 20 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 13 hr. min.

9. Birthplace Belleville Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Louis Bartel
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Sophie LaPere
 15. Birthplace French Village Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Ferdinand Bartel
 (b) Address 2124 S. Grand Blvd

17. (a) Cremation (b) Date thereof March 4-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory
 18. (a) Signature of funeral director Reed Funeral Home
 (b) Address 3029 Lafayette Ave.

19. (a) MAR 4 1947 J. F. Bradock
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6415 Pasadena Blvd 9
Memorial (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
 year 1947 hour 4:05 minute A M.
 21. I hereby certify that I attended the deceased from 2/27/47
 _____, 19, to 3/2/47, 19;
 that I last saw her alive on 3/2/47, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Hypertensive Cardio-Vascular Diseases years _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy no 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? George Parker, M.D.
 (Specify type of injury or means of injury.)

23. Signature 1515 Lafayette 3/3/47 (or other) _____
 Address Date signed

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

MOTHER FATHER

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.....

David Paul Fossum

Licensed Embalmer No. *4242*

P. O. Address.....

3029 Lafayette

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.