S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26322

Primary Registration District No. 6076

Registrar's No. 1597

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
523 Jeffords ave.
(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 St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 523 Jeffords ave. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Amalia Bartz

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August W. Bartz

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

7. Birth date of deceased September (Month) 3 (Day) 1881 (Year)

8. AGE: Years 65 Months 10 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Dietrich Overmann
13. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Caroline Freese
15. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Edward Bartz
(b) Address 523 Jeffords ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) 7-28-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 11, 1947, to July 24, 1947
that I last saw her alive on July 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	7 day
Due to (apoplexy)	
Due to Arteriosclerosis 83°	Chronic
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? ____ (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 0

23. Signature [signature] (M. D. or other)
Address 7702 Lemay Date signed 7/25/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1948

Dr.R.C.Dripps

In office 10 a.m. Friday

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.