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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 21 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____

1003

State File No. _____

Registrar's No. 5211

20636

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:
5437 Alabama 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5437 Alabama Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Bartnett
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month June day 5th
year 1948 hour 4 minute 0 P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, ^{married} divorced, Widowed
6. (b) Name of husband or wife David B. Bartnett
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 5/4/48
June 5 1948, to June 5 1948;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased February 13, 1864
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
84 3 22 hr. _____ min.

Immediate cause of death Circulatory collapse & Coronary infarction
Due to _____
Due to _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions Arterio Renal Vase disease
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Christ Roehrig
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Scheme
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant David Bartnett
(b) Address 5437 Alabama Ave.,
Burial (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd
19. (a) JUN 7 1948 (b) J. F. Bredest
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. P. Foster M.D. (M. D. or other)
Address 1524 S. Grand Date signed 6/11/48

Dr Forster
1504 S Grand
9:40 P.M.

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 J. W. Ambler
Licensed Embalmer No. 3658
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.