

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25560
7776

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3064		Registrar's No. 1796	
1. PLACE OF DEATH a. COUNTY St. Louis Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis Co.			
b. CITY OR TOWN Ferguson		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Florissant, 4050		d. STREET ADDRESS (If rural, give location) 649 Jefferson St., 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Oak Knoll Nursing Home							
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) ANN		c. (Last) BARTEAU,	
4. DATE OF DEATH July 25, 1950.		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 12, 1870.	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Florissant, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Joseph Herbst		13b. MOTHER'S MAIDEN NAME Margaret Telgekamp		14. NAME OF HUSBAND OR WIFE Frank Barteau Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Herbert Barteau, 649 Jefferson St.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Gastric ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperacidity				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 10 yrs. 15 1/2 6 yrs	
19a. DATE OF OPERATION 7-16-48 7-16-48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach in old ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-23, 1948 to 7-24, 1950 , that I last saw the deceased alive on 7-23, 1950 , and that death occurred at 3:30 AM from the causes and on the date stated above.							
23a. SIGNATURE Mrs. M. Ferguson (Degree of title)				23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 7-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 28/50		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.		24d. LOCATION (City, town, or county) (State) Florissant, Mo.	
DATE REC'D BY LOCAL REG. 7-25-50		REGISTRAR'S SIGNATURE Herbert R. Comber		25. FUNERAL DIRECTOR'S SIGNATURE W. Clark, 1125 Hodiamont Ave., ADDRESS			

Dr. Mitchell Johnson

Ferguson Mo.

VI 7-1302

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edward R. Caldwell

Signed.....

Student Embalmer

Licensed Embalmer No. *24077*

P. O. Address.....

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.