

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11210

0970  
2

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

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton Marshall</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs. - Feb. 13</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Ed 4000</u>		d. STREET ADDRESS (If rural, give location) <u>Ernie Gomer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jay</u>		b. (Middle) <u>Kosark</u>		c. (Last) <u>Bartel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 23 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan 27-37</u>	
9. AGE (In years last birthday) <u>13</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u>10</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. James Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Bartel</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Kosark</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Reverend Mo State School</u> ADDRESS <u>Mar 23 54</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Miliary Tuberculosis</u> ANTECEDENT CAUSES <u>Fever</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydrocephalitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		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 <u>Nov 1950</u> , to <u>Mar 23 1951</u> , that I last saw the deceased alive on <u>Mar 22, 1951</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed Sabyer O M D</u>				23b. ADDRESS <u>Mass. Hall Mo.</u>		23c. DATE SIGNED <u>3-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Mar 23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 23-1951</u>		REGISTRAR'S SIGNATURE <u>Sidney J Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Zable</u>		ADDRESS <u>Owensville, Mo.</u>	

**RECEIVED** 4-2-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 4-2-51 \_\_\_\_\_

**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 \_\_\_\_\_ ✓

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*J. Leslie Gessner*  
Licensed Embalmer No. 3235

P. O. Address *Marshall 300*

**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.