

15-10-53
FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43272**
Registrar's No. **11648**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		4631
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			d. STREET ADDRESS (If rural, give location) 2823 Dunkirk Ave.		

3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE b. (Middle) C c. (Last) BARTELS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1952.		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D. 3	8. DATE OF BIRTH June 1, 1898		9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Month 6 Day 16	11. UNDER 1 Mth. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Joseph Archambault.		13b. MOTHER'S MAIDEN NAME Constance Henning		14. NAME OF HUSBAND OR WIFE Sidney Barthels	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George Abel, 2823 Dunkirk Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1950x	
		DUE TO (b) Acute Pulmonary Edema				4 hrs.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 416X	

22. I hereby certify that I attended the deceased from **July 19, 1950**, to **Dec. 17, 1952**, that I last saw the deceased alive on **Dec. 17, 1952**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Schuler, M.D.		23b. ADDRESS 5100 Arsenal St.		23c. DATE SIGNED 12/17/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 20, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand's Cemetery	24d. LOCATION (City, town, or county) (State) Florissant, Mo.		
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DATE REC'D BY LOCAL REG. DEC 18 1952	REGISTRAR'S SIGNATURE J. Carl Smith		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell		ADDRESS 410 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.