

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32641**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2128		
1. PLACE OF DEATH a. COUNTY St. Louis				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 Richmond Heights		c. LENGTH OF STAY (If in this place) 10 Weeks		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				STREET ADDRESS (If rural, give location) 837 Providence				
3. NAME OF DECEASED (Type or Print) a. (First) HENRIETTA b. (Middle) LOUISE c. (Last) BARTHEL'S			4. DATE OF DEATH (Month) (Day) (Year) 9-8-56					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-4-1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Jackson Miss.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Carl Albrecht		13b. MOTHER'S MAIDEN NAME Caroline Kay		14. NAME OF HUSBAND OR WIFE Edwin G Barthels				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, date known) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME E.G. Barthels ADDRESS 837 Providence				
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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block & coronary thrombosis							
	ANTECEDENT CAUSES Morbid 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. thrombocytopenia, pneumonia, Hypertension							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201				
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 June, 1956 to Sept. 8, 1956 , that I last saw the deceased alive on Sept. 8, 1956 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C. J. Voelmer				23b. ADDRESS 53 W. Big Bend		23c. DATE SIGNED 9/10/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-1956		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE REC'D BY LOCAL REG. 9-10-56		REGISTRAR'S SIGNATURE Herbert B. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE Herbert B. Donahue ADDRESS Webster Groves Mo.				

(Licensed Embalmers' Statement on Reverse Side)

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

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..

Student.....
Signature of Student Embalmer

Signed *Nevelle B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Lockwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.