

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46911

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 319 Primary Registration District No. 4468 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST MARY'S</u>		c. CITY OR TOWN <u>ST MARY'S</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>LIFE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>ROBERT</u> Last <u>BARTHEL</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>16</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 29 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER & FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ST MARY'S MO</u>	
13. FATHER'S NAME <u>FREDERICK BARTELS</u>			14. MOTHER'S MAIDEN NAME <u>LOUISE GRITNER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-30-0128</u>		17. INFORMANT <u>Joseph P. Bartel St Mary's Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary and generalized arteriosclerosis</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Senility</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956 to Dec. 16 1957 and last saw ^{her} alive on Dec 16 1957.
Death occurred at 4 25 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph T. Lutkewitz MD</u> (Degree or title)	22b. ADDRESS <u>ST. Mary's Mo</u>	22c. DATE SIGNED <u>12/17/57</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>DEC 18 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S</u>
23d. LOCATION (City, town, or county) <u>ST MARY'S MO</u>		(State)

24. FUNERAL DIRECTOR <u>Joe Barber St. Stanislaus Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec. 18, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Luella Basler</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

JAN 20 1959

JAN 8 1958

VS NOV 5 1959

VS APR 12 1960

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 *Adrian J. Olsen*

Licensed Embalmer No. 479

P. O. Address *St. George*

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.