Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1958

58-011317
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2008

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 City Hospital Ave. — Length of stay in lb	d. STREET ADDRESS (If outside, give location) 25 1307 Franklin Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANK	Middle	Last BARTHELS	4. DATE OF DEATH Month Day Year Feb 18, 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April 23, 1892
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY xxx	11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Barthels	13b. MOTHER'S MAIDEN NAME Johanna Bierkamp	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service) unk	16. SOCIAL SECURITY NO. 497-05-1844	17. INFORMANT Address Mr. Carl Welp 5535 Cates Ave. St. Louis Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis

DUE TO (c) 2nd & 3rd degree burns of Body.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fire in Home

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 2 17 58 February 17th 1958. E916.016

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Home

20f. CITY, TOWN, OR LOCATION 000 COUNTY Saint Louis STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1117 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Quinn Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2/20/1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.	25. DATE RECD. BY LOCAL REG. FEB 20 '58	26. REGISTRAR'S SIGNATURE Earl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

MAR 20 1958

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.

not embalmed

Student ..... Signed Howard Drozd

Signature of Student Embalmer

Licensed Embalmer No.....

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

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