MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962 318 1003

-62-007730

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2146

AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 57 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4960 Tyrolean Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWIN Middle CONRAD Last BARTHEL
4. DATE OF DEATH: Month Feb. Day 20, Year 1962.
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/13/1903
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inventory clerk
10b. KIND OF BUSINESS OR INDUSTRY: publishers
11. BIRTHPLACE (City and state or country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Theodore Barthel
13b. MOTHER'S MAIDEN NAME: Clara Schau
14. NAME OF HUSBAND OR WIFE: Hildegarde Wertich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. Hildegarde Barthel, 4960 Tyrolean Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemolytic Anemia (Hemolytic Jaundice) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Toxemia + septicemia — 2 wks.
DUE TO (c): Acute Cholecystitis + cholangitis;
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia (severe) due to chronic kidney disease (type unknown)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.): 585X
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1/11/62, to 2/20/62 and last saw her/him alive on 2/19/62
Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles G. Obermeyer (Degree or title): M.D.
22b. ADDRESS: 4401 Hampton
22c. DATE SIGNED: 2/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 2/23/62
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.
ADDRESS
25. DATE RECD. BY LOCAL REG.: FEB 23 1962
26. REGISTRAR'S SIGNATURE: Noel Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr. Chas. Obermeyer
4401 Hampton Ave.
4-6:30
Fl. 1-4300

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_____ Signed [signature]
Signature of Student Embalmer

Licensed Embalmer No. 4520

P. O. Address [signature]

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.