No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42837
Registrar's No. 11853

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township) 22 5 22
(c) Name of hospital or institution: Littel Sister of Poor Protestant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days) In this community about 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 510
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. Littel Sisters Of The Poor (If rural, give location) 3225 N. Florissant 9 5
(e) Citizen of foreign country? (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME Henry J Bartels.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 16 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	10	hr. min.

9. Birthplace Cape Girardeau. (City, town, or county) Mo. (State or foreign country) 2

10. Usual occupation nil

11. Industry or business

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Ben. Bartels.
(b) Address 5434 Vera Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Bonhart Bonhart
(b) Address 2228 St. Louis Ave.

19. (a) DEC 28 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1947 hour 8 minute X A.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1947 to Dec 27, 1947 that I last saw him alive on December 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	???
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Raymond F. Tolle (M. D. or other)
Address 2301 Salisbury St. Date signed 12-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)