WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19484

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 5939

2. FULL NAME Ella Fletcher Bartholow

(a) Residence. No. 5528 Pershing Ave 5 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Perry Bartholow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 6 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	8	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Docent

(b) General nature of industry, business, or establishment in which employed (or employer): St Louis Art Museum

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Hillsboro
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Thomas C Fletcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mary Clara Honey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hillsboro
(STATE OR COUNTRY): Mo.

14. INFORMANT: Lillian Reed
(Address) 1941 McCausland Ave

15. FILED JUN -2 1928, 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 9th, 1926, to May 31, 1928, that I last saw her alive on May 31, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of rectum

45

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Carl Althaus, M. D

, 19 (Address) 3248 Lafayette Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem.

DATE OF BURIAL: June 2 1928

20. UNDERTAKER: Wagoner

ADDRESS: 3621 Olive St.

3228 Lafayette.