

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

Do not use this space.

18243

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1002  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 4453  
St. .... Ward)

# 2685 John Bartles

2. FULL NAME (a) Residence, No. 1218<sup>a</sup> Mason alley, Ward. ....  
(Usual place of abode) Length of residence in city or town where death occurred 35 yrs. mos. ds. 22 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER 13. NAME John Bartles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Christiana Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS Petri DATE May 22 1933

19. UNDERTAKER (ADDRESS) E. J. Schurz

20. FILED 47 19 33 J. F. Bredeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th 1933

22. I HEREBY CERTIFY That I attended deceased from May 18th 33 to May 19th 33  
I last saw him alive on May 19th 1933 Death is said to have occurred on the date stated above, at 5:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of  
4<sup>th</sup> floor of mouth  
Other contributory causes of importance:  
450

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify N. A. Bartles

(Signed) N. A. Bartles M. D.  
(Address) City Hospital

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.

*Partles*

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*Mar 14*