

SEP 29 1936

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

Do not use this space.

32178

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township Werguson Primary Registration District No. 4468
City Robertson (No. Lambert-St. Louis Flying field, St. Ward)

File No.
Registered No. 161

2. FULL NAME W.S. Bartlett,

(a) Residence, No. Chicago, Ill. St. Ward.
(Usual place of abode) 6930 S. Shore Drive, (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ?

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mech. Engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Great Lakes Coal and Coke Co.
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) Stanstead, Quebec

13. NAME Nelson Sanborn Bartlett

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

15. MAIDEN NAME Agnès S. Smith

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

17. INFORMANT (ADDRESS) Mr. Graham, 910 S. Michigan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE 8/10/36

19. UNDERTAKER (ADDRESS) Bauman Bros. Overland, Mo.

20. FILED 8/7 1936 W.A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

Multiple deep lacerations over head, face, body and extremities, with bruises and contusions. Fracture lower jaw, maceration of head, with brain protruding also blood

Other contributory causes of importance: and brain tissue escaping thru nose, throat, and mouth. These fractures running thru, face, and base of skull.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 8/7/36

(Signed) Luke Stunor, M. D.

(Address) 378 Juniper St. 1

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.

W.A. Zeitler Registrar.

Fracture of left upper arm, and forearm, about middle of each. Double comminuted fracture of right leg, one of the upper third and one lower third of thigh. Fracture of lower left leg about middle.

Secondary; Multiple fractures, base of skull, maceration of brain. Multiple fractures of body and extremities. Hemorrhage and shock.

Verdict of Jury; Accidental death causes unknown-by Airplane.

Airplane accident St. Ferdinand township,
Lambert-St. Louis Flying Field, St. Louis County, Mo.