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.

NOV 15 1937

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

36132
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 2, 1003 Registered No. 9709

(c) City St. Louis (d) Street No. 2336 Russell Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Frank H. Bartlett

(a) Residence, No. 2336 Russell Blvd. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11, 1869

7. AGE: Years 68 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as saw mill, bank, etc.: Monsanto Chemical Co.
10. Date deceased last worked at this occupation (month and year): 1 month ago
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richberg Conn.

FATHER
13. NAME: Steven Bartlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn.

MOTHER
15. MAIDEN NAME: Amelia F. Winton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn.

17. INFORMANT (ADDRESS): Harold S. Bartlett, 2336 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 10-21 37

19. FUNERAL DIRECTOR (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED OCT 19 1937, 19 ..... J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1937, to 10/18, 1937
I last saw him alive on 10/18, 1937. Death is said to have occurred on the date stated above, at 9:15 m P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	7.0
93C	
Other contributory causes of importance:	
Hyper tension	??
Arterial sclerosis	

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? No
If so, specify
(Signed) William Dlmks, M. D.
(Address) 1319 S Bmmy

(Licensed Embalmer's Statement on Reverse Side)

Dr. Demko

13 19 So. Ordway

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)