

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39730
Do not use this space.

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Registered No. 10717

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Home of the Friendless 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

Virginia Black Bartlett
(a) Residence, No. 4431 South Broadway St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Andrew W. Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1862

7. AGE YEARS 75 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Yorkville (STATE OR COUNTRY) Illinois

13. NAME Jacob P. Black

14. BIRTHPLACE (CITY OR TOWN) Philadelphia (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Louise Mather

16. BIRTHPLACE (CITY OR TOWN) Elmira (STATE OR COUNTRY) New York

17. INFORMANT Miss Jones - Home of Friendless (ADDRESS) 4431 So. B'way, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE November 20, 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co. (ADDRESS) 7814 So. B'way, St. Louis, Mo.

20. FILED NOV 19 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1937 to Nov 18, 1937
I last saw her alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy with hemorrhage
Date of onset 6 days

Other contributory causes of importance:
Severely Arthritis of vertebrae 6 mo

Name of operation no 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? no Date of injury _____, 19____
Where did injury occur? Nov 13 1937 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Choking
Nature of injury Constriction of pharynx

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. E. ... M. D.
(Address) 3720 Washington

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.

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Linus C. Hoffmeister

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

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

L. E. No. 3871

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed George W. Hoffmeister
Licensed Embalmer No. 2426

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