

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.

JAN 23 1939

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

Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111 Registered No. 27
 (c) City St. Louis, Sub. Hgt. (d) Street No. St. Marys Hospital. 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 634 Lawrence U. Bartliff, Sr.
 (a) Residence, No. San Antonio, Texas. St. (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 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 Gertrude Bartliff.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1880.
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
58 10 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate.
 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) Tennessee.
 FATHER 13. NAME Charles H. Bartliff.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.
 MOTHER 15. MAIDEN NAME Laura Oakley.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT (ADDRESS) Mrs. Gertrude Bartliff.
San Antonio, Texas.
 18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove DATE Jan. 9, 1939
Bellefontaine
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.
3840 Lindell Blvd.
 20. FILED JAN - 7 1939 DR Meyer (Address) 8105 Page Blvd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939, to Jan 6 1939.
 I last saw him alive on Jan 6 1939. Death is said to have occurred on the date stated above, at 7:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hem. At. Hem. 82 M Jan 5-39
 Other contributory causes of importance: Arterio Sclerosis ?
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chem. 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? no.
 If so, specify _____ (Signed) Lee J. Puller M. D.
 (Address) 8105 Page Blvd.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.