

Registration District No. **79T**

Primary Registration District No. **1003**

Registrar's No. **5155**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY HOSPITAL, U
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **0110**
(c) City or town **ST. LOUIS** **1724**
(If outside city or town limits, write "RURAL")
(d) Street No. **2847 LYONS** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)

3. (a) PRINT FULL NAME **MARIE BARTLES**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **497-10-8032**

W. H. [Signature]
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **21**
year **1941** hour **10:25** minute _____ P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **John BARTLES**
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **JANUARY 1 1896**
(Month) (Day) (Year)

Immediate cause of death **Fatty Infiltration of Myocardium; Adherent Pericardium; Cirrhosis of Liver**
Due to _____
Due to _____

8. AGE: Years **45** Months **5** Days **20**
If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **CLEANING OFFICE**

11. Industry or business **HOLLAND BLDG**

12. Name **MICHAEL NORRIS**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **AYNA NOONAN**

15. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Bartles**

(b) Address **2847 Lyons av**

17. (a) **BURIAL** (b) Date thereof **JUNE 25 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **E. J. Schner**

(b) Address **3125 Lafayette av**

19. (a) **JUN 24 1941** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ by means of injury _____

23. Signature *[Signature]* (M. D. or other) _____

Address **Department** Date signed **6/24/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

079

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 Jose B. Hollmer
Licensed Embalmer No. 4614
P. O. Address 3125 Lafayette

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, fact should be so stated above.