

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5180

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
(Specify whether
 In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County C.
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4511 McPherson Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME Clive H. Bartlett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Bartlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 3, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER { 12. Name LeRoy S. Bartlett
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Anne Spalding
 15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clive H. Bartlett
 (b) Address 4511 McPherson Ave.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Charles K. ...
 (b) Address 4911 Washington Bldg.

19. (a) 84 1041 (b) J. H. ...
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 23, 1941;
 that I last saw him alive on June 23, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to arteriosclerosis
hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) 87

Major findings: Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clive H. Bartlett (M. D. or other) Phys.
 Address 4511 McPherson Ave. Date signed 6/23/41

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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.

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.....
Thomas R. Fenwick

Licensed Embalmer No.....
3793

P. O. Address.....
St Louis Mo.

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.