

FILED OCT 7 1941

Registration District No. **104**

Primary Registration District No. **115**

Registrar's No. **2006**

1. PLACE OF DEATH:

(a) County **Saint Louis**
(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
724 North 82nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Jennie Conklin Bartlett**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **June 18 - 1855**
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** Days **12** If less than one day: hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Conklin**

13. Birthplace **New York / New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Innes**

15. Birthplace **New York / New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss May I. Bouton**

(b) Address **724 North 82nd Street, St. Louis County**

17. (a) **Bellefontaine Cem.** (b) Date thereof **Oct. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **SEP 30 1941** (b) **C. H. McLaughlin**
(Date received local file) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **724 North 82nd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30** year **1941** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **April 12** 1941, to **Sept 30** 1941; that I last saw him alive on **Sept 29** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Paralysis agitans** Duration **9 yrs**

Due to _____

Due to **JTC**

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

Major findings: Of operations _____

Of autopsy **None**

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) **not**

(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 **W. W. Gilbert** (M. D. or other) **9**

Address **2739 N. Grand** Date signed **9/30/41**

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

96
3
5

Dr. W. W. Gilbert
2739 No Grand,
Gr 6080

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 *Clarence H. Murray*
Licensed Embalmer No. *4011*
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, fact should be so stated above.