

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1944
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3066

38719
State File No. 2450
Registrar's No. 2450

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 DICKSON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 1/2 (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME JAMES LAROE 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 Single
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years 1870
7. Birth date of deceased. 3 18 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business Machinist
12. Name Le Roy Bartlett
13. Birthplace Springfield Massachusetts
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Marian Smith
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Winthrop Bartlett
(b) Address 1409 Holly Drive, Webster Groves,

17. (a) Cremation (b) Date thereof 12-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Boulevard
19. (a) DEC 5 1944 (b) E. S. McAvoy
(Date received local registrar) (Registrar's signature) Chas Address Kirkwood, Mo. Date signed 12/4/44

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 402 1/2 DICKSON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 2
year 1944 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from June 1940
19____, to Dec 2, 1944
that I last saw him alive on Dec 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac dilatation
Due to Coronary Thrombosis
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) 940

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?
While at work? _____ (Specify type of place) Means of injury 0
Signature R. A. Sheslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 12/4/44

FEB 26 1945

JAN 23 1945

DEC 12 1944

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 *Joseph E. McCullough*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6175 Delmar*.....

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.