

Registration District No. 317

Primary Registration District No. 6576

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/2/47
(Specify whether
in this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 615a N. Vandeventer
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 9:21 minute A M.

21. I hereby certify that I attended the deceased from
March 2, 1947, to March 25, 1947.
that I last saw him alive on March 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, Bilateral, Type and Cause
Undetermined. Hemorrhage, Gastro-
Due to intestinal, type and cause
undetermined.

Duration

Unk.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy No Autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury

23. Signature L.E. Silvers (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 3/25/47

3. (a) PRINT FULL NAME BARTHOLOMEW, Gaylord

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Bartholomew 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased 12/3/90
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 22 hr. min.

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

10. Usual occupation Steam Fitter

11. Industry or business

12. Name Thomas Bartholomew

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

14. Maiden name unknown Margaret

15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natl. Cemetery Barracks

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address St. Louis, Missouri

19. (a) 3-28-47 (b) Arthur J. Donnelly
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 S 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.