

No. 2  
12-45  
17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2243

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 459

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:  
4125 Lea Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Sarah A. Bartram

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

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

7. Birth date of deceased..... Sept. 17 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 3 27 hr. min.

9: Birthplace Rock Island Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... Self

12. Name..... John Berry

13. Birthplace..... Hannibal Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

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

16. (a) Informant..... Hannah C. Bartram

(b) Address..... 4125 Lea Place

17. (a) Burial (b) Date thereof 1/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park

18. (a) Signature of funeral director..... Provost Und. Co.

(b) Address..... 3710 N. Grand Bldg.

19. (a) JAN 16 1948 (b) J. F. Brodack  
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... a fl c  
(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4125 Lea Place 9  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year..... 1948 hour..... 3 minute..... 45 P.M.

21. I hereby certify that I attended the deceased from 1943 to Jan 14 48  
that I last saw him alive on Jan 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Duration.....

Due to..... Old age infirmities

Due to..... Similar old age complications

Other conditions..... none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... none

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)..... no  
(b) Date of occurrence..... 1/14/48  
(c) Where did injury occur?..... none  
(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?..... no (c) Means of injury..... no

23. Signature..... J. F. Brodack (S. B. ....)  
Address..... 6657 Euclid St Date signed.....

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

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**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.....

*Albert Mayfield*

Licensed Embalmer No.....

3077

P. O. Address.....

**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.**