No. 300
10.48

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43071

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3028

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Villa Ridge 0360
d. STREET ADDRESS (If rural, give location): R. R. #1

3. NAME OF DECEASED (Type or Print): a. (First) Hammie b. (Middle) Lee c. (Last) Bartle
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-1-1932
9. AGE (In years last birthday): 18 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Sta. Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Ser. Sta.
11. BIRTHPLACE (State or foreign country): Rolla, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Christa Gaylord Bartle
13b. MOTHER'S MAIDEN NAME: Cara Edith
14. NAME OF HUSBAND OR WIFE: _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: 488-34-0474
17. INFORMANT'S SIGNATURE OR NAME: Christa Gaylord Bartle, ADDRESS: R.R. #1 Villa Ridge Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) brain injury-operating automobile which he lost control of and which left road & hit telephone pole — INTERVAL BETWEEN ONSET AND DEATH: _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 8234
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Road
21c. (CITY, TOWN, OR TOWNSHIP) Rural, Pond (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) 12 (Day) 15 (Year) 50 (Hour) _____ m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? see above 400

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15A m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann (Degree or title) Coroner 3
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 12/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-1950
24c. NAME OF CEMETERY OR CREMATORY: Kinder Cem.
24d. LOCATION (City, town, or county) Cuba (State) Mo.

DATE REC'D BY LOCAL REG.: 12-15-50
REGISTRAR'S SIGNATURE: Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Paul G. Franklin ADDRESS: Cuba, Mo.

RW (Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed.....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.