

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42746

State File No. 11066

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11066**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 712	
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
c. LENGTH OF STAY (in this place) 6 Yrs.		d. STREET ADDRESS (If rural, give location) 4500 Washington Blvd., 8,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home			

3. NAME OF DECEASED a. (First) Laura		b. (Middle) O.		c. (Last) Bartliff		4. DATE OF DEATH Dec. 13th, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) Widowed		8. DATE OF BIRTH August 5th, 1859	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Memphis Tennessee	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown Oakley		13b. MOTHER'S MAIDEN NAME Elvira Sealey		14. NAME OF HUSBAND OR WIFE Charles A. Bartliff	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gertrude B. O'Malley		ADDRESS 4334 Westminister Pl.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation		DUPLICATE TO (b) arteriosclerotic heart disease					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	
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22. I hereby certify that I attended the deceased from **Sept 10, 1951**, to **Dec. 13, 1951**, that I last saw the deceased alive on **Dec. 1, 1951**, and that death occurred at **5:05P** m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Bergman		(Degree or title) MD		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12/14/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/15/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. DEC 14 1951		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington Blvd.
Between 2:00 + 3:00 Pm
Friday

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.

Student
Student Embalmer

Signed John A. Mlenar
Licensed Embalmer No. 4186

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.