

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20159

State File No.

5660

BIRTH NO. 38207-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>4549a Durant Ave.,</u> | | 2079 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) | | c. (Last) <u>Bartin</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1954</u> | | 5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | 6. COLOR OR RACE <u>White</u> | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH <u>June 20, 1954</u> | | 9. AGE (in years last birthday) IF UNDER 1 YEAR Months <u>3</u> IF UNDER 24 HRS. Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>William Bartin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosemary Powell</u> | | | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>William Bartin</u> | | ADDRESS <u>4549a Durant Ave.,</u> | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>acute appendicitis of mother</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>776X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>6-20-54</u> to <u>6-23, 1954</u> that I last saw the deceased alive on <u>6-23-54</u> , and that death occurred at <u>1:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>607 N Grand</u> | | 23c. DATE SIGNED <u>6-23-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-24-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>JUN 24 1954</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Cullinane Bros. 3320 N. Kingshighway</u> | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No..... 31

NOT EMBALMED.

P. O. Address St. Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.