

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **24242**
Registrar's No. **6503**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 24242 | | Registrar's No. 6503 | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | | | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 81 9M 7D | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL | | | | e. STREET ADDRESS 5600 Arsenal St. | | (If rural, give location) 213 1/2 | | | | | | |
| 3. NAME OF DECEASED (Type or Print) EUGENE | | | a. (First) | | b. (Middle) | | c. (Last) BARTLETT | | 4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1954 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH Nov. 2, 1882 | | 9. AGE (In years last birthday) 71 | | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician | | | 10b. KIND OF BUSINESS OR INDUSTRY = | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Daniel H. Bartlett | | | 13b. MOTHER'S MAIDEN NAME Mary Frine | | | 14. NAME OF HUSBAND OR WIFE Widowed | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | | 16. SOCIAL SECURITY NO. unknown | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances R. Bartlett 222 Orick Lane | | | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pharynx ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | MEDICAL CERTIFICATION Kirkwood, Mo. | | | INTERVAL BETWEEN ONSET AND DEATH years | |
| 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"/> | | | | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 148X | | | | | | | | |
| 22. I hereby certify that I attended the deceased from Sept. 7, 1945 , to July 14, 1954 , that I last saw the deceased alive on July 14, 1954 , and that death occurred at 3:25 Pm. , from the causes and on the date stated above. | | | | | | | | | | | | |
| 23a. SIGNATURE Georgelshur M. D. | | | | (Degree or title) | | | 23b. ADDRESS 5600 Arsenal St. | | 23c. DATE SIGNED 7/1 1954 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE 7-15-54 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | | |
| DATE REC'D BY LOCAL REG. JUL 16 1954 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gleason & Sons 6175 Delmar | | | | | | | |

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..

Student.....
Signature of Student Embalmer

Signed *W. B. Alexander*
Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.