

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

State File No.

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 311

I. PLACE OF DEATH a. COUNTY St. Louis b. CITY University City c. LENGTH OF STAY 1 1/2 yrs 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY St. Louis c. CITY University City d. FULL NAME OF HOSPITAL OR INSTITUTION 6529 Bartmer e. STREET ADDRESS 6529 Bartmer

3. NAME OF DECEASED a. (First) EVA b. (Middle) A. c. (Last) BARTLE 4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1955

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed 8. DATE OF BIRTH April 11, 1873 9. AGE 81

10a. USUAL OCCUPATION at home 10b. KIND OF BUSINESS OR INDUSTRY housewife 11. BIRTHPLACE Evanston, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Max Hahn 13b. MOTHER'S MAIDEN NAME Ann Schneider 14. NAME OF HUSBAND OR WIFE Richard Bartle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Harriette Brown 17. ADDRESS 6529 Bartmer

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation (b) Acute GI infection (c) Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH Immediate 18 hrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 578X 20. AUTOPSY? YES NO X

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1948, to Feb 1955, that I last saw the deceased alive on Jan 15, 1955, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 2-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb 7, 1955 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) Evanston Illinois

DATE REC'D BY LOCAL REG. 2-6-55 REGISTRAR'S SIGNATURE Herbert R. Drake, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons, Inc 25. ADDRESS 7235 Delmar Blvd St. Louis, 5, Mo

52 (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:.

Student.....
Signature of Student Embalmer

Signed..... *Clarence H. Mu*

Licensed Embalmer No. *401*

P. O. Address *2441 Rem*

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.