

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041260

State File No. ....

9823

FILED NOV 18 1958

BIRTH NO. _____		REG. DIST. No. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) <b>3 hours</b>		c. CITY OR TOWN <b>Unincorporated</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				STREET ADDRESS (If rural, give location) <b>12336 Highway 67</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>C.</b>		c. (Last) <b>BARTLETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11, 1958</b>	
5. SEX <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> <input type="checkbox"/>		8. DATE OF BIRTH <b>June 17, 1887</b>	
9. AGE (In years last birthday) <b>71</b>		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) <b>Retired Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Confectionery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Derry, New Hampshire</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William Bartlett</b>			13b. MOTHER'S MAIDEN NAME <b>Grace Hooke</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #1</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Esther M. Straub, 12336 Highway 67</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion with myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary Heart Disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.1</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 Mo.</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?			
22. I hereby certify that I attended the deceased from <b>Sept 10, 1958</b> to <b>Oct 11, 1958</b> , that I last saw the deceased alive on <b>Oct 11, 1958</b> , and that death occurred at <b>3 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edward Kelhing M.D.</b>				23b. ADDRESS <b>3903 Olive St. Louisiana</b>		23c. DATE SIGNED <b>10-13-58</b>	
24a. BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION <b>Removal to Hill</b>		24b. DATE <b>10/15/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Derry, New Hampshire</b>	
DATE REC'D BY LOCAL REG. <b>OCT 14 '58</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.</b>			

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 *John A. McLean* .....

Licensed Embalmer No. *4186*  
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.