

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033550

FILED VS SEP 16 1959

2 7988

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. Johns Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5972 Southwest Ave.</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Edna</i> Middle <i>Louise</i> Last <i>Bartholomew</i>			4. DATE OF DEATH Month <i>Aug.</i> Day <i>27,</i> Year <i>1959</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>March 13, 1899</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (City and state or country) <i>ST. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Henry T. Zeller</i>	13b. MOTHER'S MAIDEN NAME <i>Caroline Glemser</i>	14. NAME OF HUSBAND OR WIFE <i>ERMON C. Bartholomew</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>488-20-5210</i>	17. INFORMANT <i>A.E. Phillips</i>	Address <i>5231 WINONA Ave.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>arterio-sclerotic Heart Disease</i>	<i>2 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Diabetes mellitus</i>	<i>8 1/2</i>
	DUE TO (c) <i>260x</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *1953* to *Aug 27, 59* and last saw her alive on *Aug 26 59*
Death occurred at *6:30* A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Sharon Mullen</i>	(Degree or title)	22b. ADDRESS <i>408 Humboldt</i>	22c. DATE SIGNED <i>8/27/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug. 27, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. Paul Churchyard</i>	23d. LOCATION (City, town, or county) (State) <i>ST. Louis, Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>Will Geo. J. & U.C. 2929 S. Jefferson</i>	ADDRESS	25. DATE RECEIVED BY LOCAL REG. <i>AUG 28 1959</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR Chas. Miller?

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 Harold E. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jaffe

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.