

Registration District No.

791

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6053 Maple Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days3. (a) PRINT FULL NAME Thomas J. Bartles,3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5, 1889.  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
50 10 29 hr. min.9. Birthplace Georgia  
 (City, town, or county) (State or foreign country)10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name ? Bartles  
 { 13. Birthplace Georgia  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Don't Know  
 { 15. Birthplace Georgia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Julia Vander(b) Address 6053 Maple Ave.17. (a) burial (b) Date thereof Feb. 6/40.  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Vauhalla Cem.18. (a) Signature of funeral director Geo. W. Clark(b) Address 1125 Hodiamont Ave.19. (a) FEB 5 1940 (b) J. B. Beckwith  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6053 Maple Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
 year 1940 hour 7.10 minute A.M.21. I hereby certify that I attended the deceased from  
2-3-, 1940 to 2-4-, 1940,  
 that I last saw in alive on 2-3-, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral HemorrhageDue to Hypertension

Due to \_\_\_\_\_

Other conditions Chronic pyrocarditis  
 (Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature J. S. Pruitt (M. D. or other)Address 6006 Va. ave Date signed 2/5/40

FILED MAR 12 1940

Dr. D.S. Pruett  
6006 Verginia Ave.,  
RI. 0473.  
8-9 am. I-2--7-8 pm.

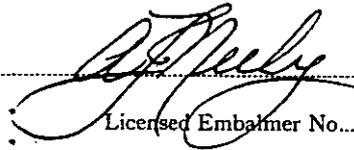
---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No..... 3225

P. O. Address..... II25 Hodiament Ave.,

**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 this body is not embalmed, above space should be left blank.**