

FILED SEP 25 1940
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 55 yrs years, months or days)

3. (a) PRINT FULL NAME Isaac T. Bartlett
3. (b) If veteran, name war _____ 3. (c) Social Security No. 1-314

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Anna Bartlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 67 Months -- Days -- If less than one day
hr. min.

9. Birthplace London England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman

12. Name Unknown

13. Birthplace London England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace London England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Adler

(b) Address 3905 Childress

17. (a) Burial (b) Date thereof 8-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman Rindley
(b) Address 5216 Delmar Blvd.

19. (a) AUG 6 1940 (b) J. P. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5521 Plover Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5,
year 1940 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from July
31, 19 40, August 5, 19 40
that I last saw him alive on August 5, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Infarct of heart
Embryonic disease
Stagnation of a vessel, caused
by mesenteric artery thrombosis
Due to arteriosclerosis

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 _____

23. Signature John J. Meany (M. D. or other)

Address 1505 Lafayette Ave. S.E. Date signed 8/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Chas. W. Cooper

Licensed Embalmer No.

3830

P. O. Address

5216 Delmar

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, fact should be so stated above.