

Registration District No.

7911

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.  
 (b) City or town St. Louis.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Barnes Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Months.  
 (Specify whether years, months or days)  
 In this community 75 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 5  
 (c) City or town St. Louis.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6150 Pershing Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mary M. Bartlett.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed.  
 6. (b) Name of husband or wife Charles F. Bartlett. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Unknown. 1865  
 (Month) (Day) (Year)

8. AGE: Years 76 Months Unknown. Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Illinois. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

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

MOTHER FATHER { 12. Name Daniel Devlin. \_\_\_\_\_  
 13. Birthplace La. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bridget Walsh. \_\_\_\_\_  
 15. Birthplace Ireland. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Bartlett  
 (b) Address 6150 McPherson Ave.  
 17. (a) Burial. (b) Date thereof 4-10-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd  
 19. (a) APR 7 1942 (b) J. F. Bredeest  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.  
 year 1942 hour 12. minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1938 to 4/6 1942  
 that I last saw or alive on 4/6 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Cerebral Hemorrhage  
Arteriosclerosis  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 2 15 11

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury 0  
 23. Signature A. J. Donnelly (M. D. or other) \_\_\_\_\_  
 Address 674 N. 10th Date signed 4/7/42

Duration

3 days  
1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00  
 99  
 9

7-2-2  
Mrs. J. Kelly  
Lafayette

**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 W H Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**