

FILED JAN 12 1944 18

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

44  
3

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: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joe W. Bartlett

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 5 1892  
(Month) (Day) (Year)

8. AGE: 51 Years

Months 7

Days 26

2 Days

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ave Illinois  
(City, town, or county)

(State or foreign country) 1

10. Usual occupation Railroad fireman

11. Industry or business G.M. & O R.R.

12. Name John Bartlett

13. Birthplace Ava Illinois  
(City, town, or county)

(State or foreign country) 1

14. Maiden name NO RECORD

15. Birthplace NO RECORD  
(City, town, or county)

(State or foreign country) 4

16. (a) Informant John W. Bartlett

(b) Address U.S. Army

17. (a) Murphysboro, Ill (b) Date thereof Jan 2 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis Illinois

19. (a) J. J. Budek (b) [Signature]  
(Name of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson  
(c) City or town Murphysboro  
(If outside city or town limits, write "RURAL")  
(d) Street No. N 8th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1944 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Jan 1 1944  
that I last saw him alive on Jan 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Brain tumor - Malignant

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

Other conditions (Include pregnancy within 3 months of death) 5/11

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

Of autopsy \_\_\_\_\_

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 injury) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address no rec map Date signed 1-1-44

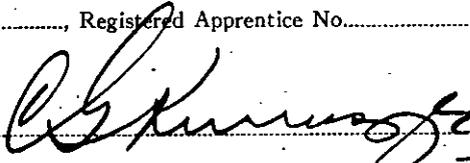
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1948

**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. .... 3162

P. O. Address..... E. St. Louis Ill.

**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.**