

FILED NOV 29 1945
Registration District No. **318**

Primary Registration District No. **1003**

900
17
9

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

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:
ST. JOHNS HOSPITAL D
(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 days)

3. (a) PRINT FULL NAME OSCAR L. BARTLETT

3. (b) If veteran, name war.....

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

4. Sex MALE D 5. Color or race WHITE

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

6. (b) Name of husband or wife TESSA L. BARTLETT

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 6 26 hr. min.

9. Birthplace ALBANY IND.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business RETIRED

MOTHER FATHER

12. Name WILLIAM BARTLETT

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY BAYLES

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant TESSA L. BARTLETT

(b) Address 221, 6th ST. CAIRO IL.

17. (a) REMOVAL (b) Date thereof 11-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ALBANY IND.

18. (a) Signature of funeral director HOWARD F. RAWLAND

(b) Address 4355 WASHINGTON AV.

19. (a) NOV 16 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILL. (b) County.....

(c) City or town CAIRO
(If outside city or town limits, write "RURAL")

(d) Street No. 221, 6th STREET NR
(If rural, give location)

(e) Citizen of foreign country? 2. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1945 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from Nov 2 1945 to Nov 16 1945
that I last saw him live on Nov 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Abscess and Peritonitis

Due to.....

Due to.....

Other conditions none 137
(Include pregnancy within 3 months of death)

Major findings: Prostatic abscess

Of operations.....

Of autopsy abscess & Peritonitis

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.....

23. Signature C. L. Clark (M. D. or other)

Address 3073 Euclid, St. Louis Date signed 11-16-45
mo.

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. *3917*

P. O. Address..... *St Louis MO*

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.