

FILED JAN 5 1946  
318

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

Primary Registration District No. 1003

Registrar's No. 11237

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: Mo. Pac. Train Union Station 3  
(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 OLIVER 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 Lillian Bartlett 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased 7 31 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 4 17 hr. min.

9. Birthplace De Sota Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Accountant & Rate Work

11. Industry or business

MOTHER FATHER { 12. Name Winthrop Bartlett  
13. Birthplace Springfield Mass.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Crawford  
15. Birthplace Arora Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Bartlett

(b) Address 402 N. Dickson-Kirkwood, Mo.

17. (a) entombment (b) Date thereof 12-22-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director alvin b. ...

(b) Address 6175 Delmar Boulevard

19. (a) DEC 22 1945 J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Kirkwood N.R. 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 N. DICKSON 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Dec 18 1945  
that I last saw him alive on Dec 18 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

Due to arterial sclerosis

Due to age

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

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

23. Signature G. W. Ruddell (M. D. or other) \_\_\_\_\_

Address 1257 N. Kingship Parkway Date signed 12-22-45

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

00  
17  
9

Ruddell

120-97 Kingsh

Ft 45-12

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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

*jos. E. McCallahan*

Licensed Embalmer No.

*2460*

P. O. Address

*6170 Palmer*

**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.**