S. No. 300
Rev. 10.48

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37059

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2696

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (In this place): 18 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRENTWOOD 4 5/1
d. STREET ADDRESS (If rural, give location): 2416 BREMERTON 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): H
c. (Last): Bartlett

4. DATE OF DEATH (Month) (Day) (Year): Oct 18 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2-14-1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 8 Days 4 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): ELDRED - ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: HENRY-BARTLETT
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: LUCRETIA-BARTLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: BERTHA-KRAUT-9323 CRAWFORD

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) adhesions

DUE TO (c) End to End anastomosis of Ileum

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 578X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1952, *to* 10-18, 1952, *that I last saw the deceased alive on* 10-18, 1952, *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr Melvin C. Kaster (Degree or title)
23b. ADDRESS: 6015 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED: 10-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10-20-52
24c. NAME OF CEMETERY OR CREMATORY: ELDRED ILL CEMETERY
24d. LOCATION (City, town, or county) (State): ELDRED ILL

DATE REC'D BY LOCAL REG.: 10/20/52
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D. Pt.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: JAY B. SMITH-7456 MANCHESTER-MAPLEWOOD Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed H. E. Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

Note: This 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.