

16. 300
0. 48

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23436

5987

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Mo.)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 22 1002 Mississippi <i>2229</i>					
3. NAME OF DECEASED (Type or Print) a. (First) Novie b. (Middle) Lee c. (Last) Bartley		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1955					
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1917	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY House Painter		11. BIRTHPLACE (City and State or Foreign Country) Attmore, Ala.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bud Bartley		13b. MOTHER'S MAIDEN NAME Ada Harris			
14. NAME OF HUSBAND OR WIFE Mary Bartley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 276-28-0594			
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS Mary Bartley, 3841 Washington.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following a stab wound of the chest and the right subclavian artery; suffered when stabbed with paring knife in the hands of one Mary Bartley, during altercation in the home at 1002 Mississippi Ave., on July 6, 1955, about 4:40 P.M. JUSTIFIABLE HOMICIDE. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of one Mary Bartley, during altercation in the home at 1002 Mississippi Ave., on July 6, 1955, about 4:40 P.M. JUSTIFIABLE HOMICIDE. DUE TO (c) Mississippi Ave., on July 6, 1955, about 4:40 P.M. JUSTIFIABLE HOMICIDE. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF SUICIDE <i>Justifiable Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 6 55 4:40 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E982X</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Patrick Clayton Crown</i>		(Degree or title) <i>Coroner</i>		23b. ADDRESS <i>1300 Clark</i>			
23c. DATE SIGNED <i>7.11.55.</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>7-12-55</i>			
24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>JUL 11 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington.</i>			

(Licensed Embalmer's Statement on Reverse Side)

2780

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.