

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10408

State File No. _____

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3127

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

3127

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 township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 6 years		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8520 So. Broadway		e. STREET ADDRESS (If rural, give location) 8520 So. Broadway	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Frank		(Month) (Day) (Year)	
b. (Middle) J.		March 27, 1956	
c. (Last) Bartholome			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1894
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Confectionery	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Bartholome		13b. MOTHER'S MAIDEN NAME Mathilda (Unk.)	
14. NAME OF HUSBAND OR WIFE Ivy Hoggard Bartholome			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW # 2 489 20 9724	
17. INFORMANT'S SIGNATURE OR NAME Ivy Bartholome		ADDRESS 8520 So. Broadway St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Right Lung		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/15</u> , 19 <u>55</u> , to <u>3/27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>56</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Michael L. Bartmire M.D.		23b. ADDRESS 7615 So. Broadway	
23c. DATE SIGNED 3/27/56			
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE Mar. 29, 1956	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7814 So. Broadway St. Louis, 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.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *7819 S. Penn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.