

THE DIVISION OF REALTY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1957

STATE FILE NUMBER 9884
Registration District No. 318 Primary Registration District No. 1003 Registrars No. 2624

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

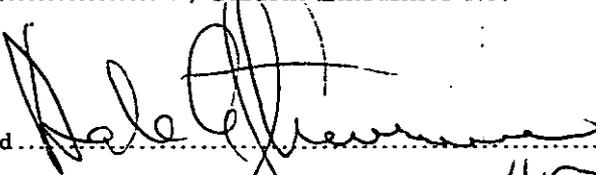
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|---------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1. | | Length of stay in lb | STREET ADDRESS 4566a Oakland Ave | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE E. BARTLETT | | | 4. DATE OF DEATH Month Day Year MAR. 15, 1957 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 9, 1878 | | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clk.-Shal | | 10b. KIND OF BUSINESS OR INDUSTRY Cross Prtg Co. | | 11. BIRTHPLACE (City and state or country) Millington, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Albert Bartlett | | | 14. MOTHER'S MAIDEN NAME Florence A. Finch | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 488-09-1475 | | 17. INFORMANT Address (wife) Marguerite Bartlett-4566a Oakland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brauche pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART I (a) <u>arteriosclerosis, generalized</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>3/12/57</u> to <u>3/15/57</u> and last saw her alive on <u>3/15/57</u> Death occurred at <u>10:47 A.M</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Leroy F. Artweyer M.D.</u> | | | 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 3/15/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Mar. 18, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser-4228 S. Kingshighway | | | 25. DATE RECD. BY LOCAL REG. MAR 18 '57 | | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> |

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 
Licensed Embalmer No. 453

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.