

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4559 ST FERDINAND
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARTHA BARTON 635
(b) If veteran, name war _____ (c) Social Security No. 497-07-342

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 16
year 1939 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PETER BARTON
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased APRIL 10-1896
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 4 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage
peripneumonia
pleurisy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy See above

9. Birthplace Jonesburg Mo. (City, town, or county) (State or foreign country)
10. Usual occupation SEAMSTRESS
11. Industry or business ANGELICA JACKET CO.
MOTHER FATHER
12. Name SILAS COX
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name CORRIE SCHEERMAN
15. Birthplace Mo (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically. X

16. (a) Informant's own signature Peter Barton
(b) Address 4559 St Ferdinand
17. (a) REMOVAL (b) Date thereof 8 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation JONESBURG MO
18. (a) Signature of funeral director Callen + Kelly
(b) Address 1416 N. Taylor
19. (a) AUG 17 1939 (b) _____
(Date received local registrar)

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) (Specify means of injury)
23. Signature Alfred Perry (M. D. or other)
Address Stephy Brown Date signed 8-17-39

JAN 29 1942

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.....

James A. Lammers Registered Apprentice No. 188
working under my personal supervision.

Signed.....

John Fitzgerald

Licensed Embalmer No. 131

P. O. Address. 1416 N Taylor Ave

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, above space should be left blank.