

FILED JAN 14 1943

Registration District No. 318

Primary Registration District No. 106

Registrar's No.

1. PLACE OF DEATH:

(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:  
**3117 Norwood Ave**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

(c) City or town..... **St Louis**  
(If outside city or town limits, write "RURAL.")

(d) Street No..... **3117 Norwood Ave**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Joseph O Barron**

3. (b) If veteran, name war..... ?

3. (c) Social Security No..... ?

4. Sex..... **Male** 0

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Annie Barron**

6. (c) Age of husband or wife if alive..... **64** years

7. Birth date of deceased..... **January 14 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**72** **11** **27** hr. min.

9. Birthplace..... **Mc Leansboro Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer Retired 1939**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Sherod Barron**

13. Birthplace..... **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Nancy McCord**

15. Birthplace..... **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **L W Long**

(b) Address..... **3117 Norwood Ave**

17. (a) **Burial** (b) Date thereof..... **Jan 4 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethel**

18. (a) Signature of funeral director..... **Beiderwieden Funl Home. Inc**

(b) Address..... **1936 St Louis Ave**

19. (a) **JAN 3 1943** (b) **J. F. Brucke**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **1**  
year **1943** hour **7:05** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 15** 19**42** to **Jan 1** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hyperostotic Carcinoma of Throat**

Duration.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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

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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature..... **J. F. Brucke** (M. D. or other)  
Address **4901 E. Barton Ave** Date signed **1/2/43**

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

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3497

P. O. Address..... 1936 St. Louis 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, fact should be so stated above.**