

FILED JAN 14 1943 18

Registration District No.

Primary Registration District No. 1007

Registrar's No. 11114

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

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:
City Hosp #1
(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 Mo (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2014 Osage St
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Ernest Barton
 3. (b) If veteran, name war..... (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 26
 year 1942 hour 10 minute 30 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death 1st, 2nd, 3rd degree burns of entire body when he was found in a burning
space in which he lived
at 1:44 A.M. Dec 13 1942

7. Birth date of deceased abt 1888
(Month) (Day) (Year)
 8. AGE: Years 55 Months 0 Days 0 If less than one day hr. min.

Duration of space in which he lived at 1:44 A.M. Dec 13 1942
 Due to.....

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

Other conditions.....
(Include pregnancy within 5 months of death)

10. Usual occupation Franker

Major findings: 15
 Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name unknown

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

13. Birthplace unknown 19.....
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 19.....
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Peterson

(b) Address 13001 Clark

17. (a) Burial (b) Date thereof 1-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Field

18. (a) Signature of funeral director Petry Bros

(b) Address 302 1/2 Lafayette

19. (a) DEC 31 1942 (b) J. F. Brakick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Dec 13 1942

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury burn

23. Signature Alfred Perry (M. D. or other).....

Address City of St. Louis Date signed 1/2/43

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.....

Not Embalmed
Frank J. Queen

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo*

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.