

Registration District No. 818

Primary Registration District No. 1003

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: D City Sanitarium  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 2 mos. 24 ds.  
In this community 10 yrs.  
(Specify whether 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. 1409  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME TROY LEE BARTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Feb. 18 1927  
(Month) (Day) (Year)

8. AGE: Years 17 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

12. Name Jesse W. Barton

13. Birthplace not given Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Donnie Wisdom

15. Birthplace Greely Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Theirnal Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 4-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 19 1944 (Date received local registrar)

J. F. Bueckert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18,  
year 1944 hour 5.15 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1944 to April 18, 1944  
that I last saw him im alive on Apr. 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Tamponoid (Hemopericardium)  
Due to Etiology?

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy As above

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?

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

23. Signature Lemon G. Gelich (M. D. or other)  
Address 5400 Arsenal Date signed 4-18-44

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 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.**