

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HAILS FERRY NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ST. LOUIS** (b) County
(c) City or town **1112^a O BEAR ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **1112^a O BEAR** **11**
(If rural, give location)
(e) Citizen of foreign country? **1 9**
(Year or No)
If yes, name country

3. (a) PRINT FULL NAME **CIARA B. BARTON**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **Aug 27 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **ST. LOUIS** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **SCHOOL TEACHER**

11. Industry or business **RETIRED**

12. Name **GEORGE A BARTON**

13. Birthplace **DONT KNOW** (City, town, or county) (State or foreign country) **0**

14. Maiden name **NORA DONT KNOW**

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

16. (a) Informant **E. H. MEYER**

(b) Address **3726 OAKMOUNT**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **4-13-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **FRIENDS**

18. (a) Signature of funeral director **Proctor**

(b) Address **3710 9th Grand Blvd.**

19. (a) **APR 18 1945** (Date received local registrar) (b) **E. J. McManis** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11** year **1945** hour **4** minute **50P.** M.

21. I hereby certify that I attended the deceased from **Jan 15th 1942** to **April 11th 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** **48 hrs.**

Due to **Hypertension**

Due to **83a1**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **A. J. [Signature]** (M. D. or other) **0**
Address **4901 N. Broadway** Date signed **4/12/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

660

R. L. Byrd
Broadway & Grand
This certificate to be
sent to county

4901 N. Broadway
12-12

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 EARL E. Provost

Licensed Embalmer No. 7078

P. O. Address: 3710 N. Grand Blvd.

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.