

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 281302
Registrar's No. 1952

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town LEMAP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
222 Military Road.
(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 St. Louis 96
(c) City or town SKIRMLEX Lemay 0
(If outside city or town limits, write "RURAL") 8
(d) Street No. 222 Military Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beulah Barton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Louis D. Barton 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased May 16 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 3 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Edw. Denoyer

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Farley

15. Birthplace Zion Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis D. Barton

(b) Address 222 Military Road Lemay, Mo.

17. (a) Burial (b) Date thereof Aug. 19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 8-18-48 (b) Cecil A. Z. Mapp, M.D.
(Date received local registrar) (Registrar's signature) (R.N.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 3, 1948, to Aug. 13, 1948;
that I last saw her alive on Aug. 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to 83a

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 A. W. P. Jones (M. D. or other) D.

Address 4145 a S. Grand Date signed 8/17/48

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

Louis C. Hoffmann

Licensed Embalmer No. *3871*

P. O. Address *7814 S. B. Hill*

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.