MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

1. PLACE OF DEATH

County .... Registration District No. 1003 .... File No. 22189

Township .... Primary Registration District No. .... Registered No. 5964

City St Louis (No. St John Hosp .... St. .... Ward)

2. FULL NAME Albert H. Barton

(a) Residence, No. 4020 Cote Brilliant St. Ward 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male	21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1934
4. COLOR OR RACE: White	22. I HEREBY CERTIFY, That I attended deceased from 5/18/34, 19 to 6/15/34, 19
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	I last saw him alive on 6/15/34, 19 Death is said to have occurred on the date stated above, at 1120 a.m.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Medea J. Barton	The principal cause of death and related causes of importance were as follows: 91B
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1887	Bastenat ... Date of onset
7. AGE: YEARS 47, MONTHS 4, DAYS 21. If LESS than 1 day, ...hrs. or ....min.	11A
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Cond	91A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance: cerebral infarct 6/15/34
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation	Name of operation .... Date of ....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	What test confirmed diagnosis? .... Was there an autopsy? ....
FATHER 13. NAME Tally Barton	23. If death was due to external causes (violence), fill in also the following:
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo	Accident, suicide, or homicide? .... Date of injury ...., 19
MOTHER 15. MAIDEN NAME Not Known	Where did injury occur? .... (Specify city or town, county, and State)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Medea J Barton (ADDRESS) 4020 Cote Brilliant	Manner of injury ....
18. BURIAL, CREMATION, OR REMOVAL PLACE St Park Hill Cem. DATE June 18 1934	Nature of injury ....
19. UNDERTAKER Hy Leidner & Co (ADDRESS) 1447 N. Market St	24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ....
20. FILED 17, 19 J S Biedeck Registrar.	(Signed) [signature] M. D. (Address) Beaumont Med Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5964

Township ..... Primary Registration District No. 1003 Registered No. ~~3814~~

City ..... (No. St Johns Hosp St. ..... Ward)

2. FULL NAME Albert H. Barton

(a) Residence, No. 4020 Cote Brilliant 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-7- 1934 J. F. Bredeck Registrar

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis caused by streptoceus viridans

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

...ly of property classified. Exact statement of OCCUPATION is very important.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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CERTIFICATE OF DEATH

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S-22189

File No.....

Registered No. 3880

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No..... , ... St. ..... Ward)

2. FULL NAME.....

(a) Residence, No..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19.....

19. UNDERTAKER.....
(ADDRESS)

20. FILED..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)..... , M. D.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified.