

AUG 18 1936

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

Do not use this space.

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28076
File No. 6814
Registered No. 6814
St. (Ward)

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Missouri Baptist Hospital)

2. FULL NAME Dr. Jay Harry Barto

(a) Residence, No. 1469 Hodiament Ave., St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormls.
65 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and Surgeon
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) Barr Store, Ill.13. NAME Philo Barto14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Fannie Neece16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Miss Ruth Witte
(ADDRESS) 1469 Hodiament18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE July 7, 193619. UNDERTAKER Geo. C. Pleitach Inc
(ADDRESS) 5966 Easton Ave20. FILED Jul 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 193622. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to July 4, 1936

I last saw him alive on July 4, 1936. Death is said to have occurred on the date stated above, at 10 P.m.

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

Cerebral hemorrhage, rt. Date of onset 6/10/36
Arteriosclerosis

Other contributory causes of importance:

Name of operation None Date of.....What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? No
If so, specify.....

(Signed) Chester A. Pol, M. D.
(Address) 1506 Hodiament, St. Louis, Mo.

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.

