

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

DEC 22 1941

State File No. 9459

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Blanche Dolores Barton

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

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

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

7. Birth date of deceased Aug. 1 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 3 28 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Orville Barton

13. Birthplace Missouri!  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Faulkner

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

16. (a) Informant Mrs. Orville Barton

(b) Address Irondale, Mo.

17. (a) Removal (b) Date thereof 11-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) NOV 28 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Irondale  
(If outside city or town limits, write "RURAL")  
(d) Street No. 91 NR  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28  
year 41 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 12  
1941 to November 28, 1941;

that I last saw her alive on November 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Rheumatic heart disease and

Sub-acute bacterial endocarditis

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) (c) Means of injury.....

23. Signature J. F. Brudick (M. D. or other)

Address BARNES HOSPITAL Date signed 11-28-41

**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 Ray W. Wilkins  
Licensed Embalmer No. 3575  
P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**