

FILED JUN 15 1942 791

Registration District No. ....

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hosp. *D*  
(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..... *009*  
(c) City or town St. Louis *12* *9*  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5008 Raymond  
(If rural, give location) *D*  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1942 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 1,  
1942 to June 3, 1942  
that I last saw him alive on June 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Apoplexy (left)  
Due to Hypertension  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy Cerebral Hemorrhage

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..... *D*

23. Signature David B. Flanagan (M. D. or other) *M. D.*  
Address 407 Humboldt Bldg Date signed 6/4/42

3. (a) PRINT FULL NAME Ray Collins Barton  
3. (b) If veteran, name war no 3. (c) Social Security No. 490-03-5362

4. Sex M *D* 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sylvan Barton 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Feb. 4, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3 29 hr. min.

9. Birthplace Memphis, Mo. *D*  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Salesman

11. Industry or business.....

12. Name John Barton  
13. Birthplace Unknown *9*  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Inglehart  
15. Birthplace Unknown *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvan Barton  
(b) Address 5008 Raymond

17. (a) Removal (b) Date thereof 6-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jacksonville, Ill.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) JUN 4 1942 (b) J. J. Prudeck  
(Date received local Registrar) (Registrar's signature)

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

0  
1  
9

3

AUG 23 1943

SEP 22 1943

SEP 12 1943

*D B Flavan*

**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..... *A. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

**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.