V. S. No. 2 - 50M—5-42 Rev. 5-17-39 I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. ____ Primary Registration District No. ____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38460

Registrar's No. 10196

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexion Brothers Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 8412 Michigan Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country O

000 17 7

3. (a) PRINT FULL NAME Jerry Barton

3. (b) If veteran, name war None

3. (c) Social Security No. ____

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Catherine Barton

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 26, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business ____

FATHER 12. Name John Barton

FATHER 13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Catherine Toomey

MOTHER 15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. John Barton

(b) Address 8412 Michigan Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) DEC 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1942 hour / minute 2:00 P. M.

21. I hereby certify that I attended the deceased from Dec 1 8h, 1942, to Dec 4, 1942, that I last saw him alive on Dec 4, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Strangulated Femoral Hernia	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: Strangulated Femoral Hernia	
Of autopsy:	

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Owen McTamney O. D. (M. D. or other)

Address 7606 Michigan Date signed Dec 7

(Licensed Embalmer's Statement on Reverse Side)

Dr. O J. McNamee
7606 Michigan

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo.

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.