

FILED MAR 20 1943

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2210

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:  
3852 Fairview Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community..... 45 years  
years, months or days)

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. 3852 Fairview Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? -- (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Louise Barton

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

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

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

7. Birth date of deceased April 7, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>28</u>	hr. .... min.

9. Birthplace Richmond, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Frederick Strunk

MOTHER FATHER {

12. Name Frederick Strunk

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

14. Maiden name Wilhelmina Witenborn

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

16. (a) Informant Minnette Barton  
 (b) Address 3852 Fairview Ave.

17. (a) Burial (b) Date thereof 3 8 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Hacker-Helber Hand Co.  
 (b) Address 3684 Gravois Avenue

19. (a) MAR 1943 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
 year 1943 hour 12 minute 10 P.

21. I hereby certify that I attended the deceased from March 1, 1943  
(1939) to March 5, 1943  
 that I last saw her alive on 3/5 and that death occurred on the date and hour stated above.

Immediate cause of death Vaemia  
 Duration 4 days

Due to.....  
 Due to.....

Other conditions chr. nephritis 4 years  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 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?

While at work.....  
(Specify type of place) (e) Means of injury  
 23. Signature Edw. Simpson M.D.  
3939 Gravois ave Date signed 3/6/43

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

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**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 Robert Wheeler

Licensed Embalmer No. 2178

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.**