

No. 2  
-5-42  
5-17-39  
1-22-37

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36111

NOV 18 1943

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9811**

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:  
1907a Geyer Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community ..... 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. 1907a Geyer ave.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Electa A. Barton.

3. (b) If veteran, name war no

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7th.  
year 1943. hour 8 minute AM.

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

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

7. Birth date of deceased unknown about 1865  
July (month) 2 (Day) 1865 (Year)

21. I hereby certify that I attended the deceased from Nov 28 1943 to Nov 7 1943  
that I last saw her alive on Nov 5 1943  
and that death occurred on the date and hour stated above.

8. AGE: Year 78 Month 3 Day 16 If less than one day  
about 78 unknown hr. .... min.

9. Birthplace Olin, Iowa.  
(City, town, or county) (State or foreign country)

Immediate cause of death Coronary dilatation  
Myocardite, chronic

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

10. Usual occupation Housekeeper.

11. Industry or business .....

12. Name Lucies Rose.

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

14. Maiden name Mary Ryan.

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

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. Informant Earl S. Barton.

(b) Address 201 So. 20th St.

17. (a) burial. (b) Date thereof 11-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial LAKEWOOD PARK.

18. (a) Signature of funeral director Wm. E. Moxelle.

(b) Address Nov 9 1943 1041 allow ave.

19. (a) (Date received local registration) (b) J. J. Predeck (Registrar's signature)

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? (a) Means of injury .....

23. Signature J. J. Michael (M. D. or other) MD  
Address 506 Oline Date signed 11/8/43

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

MOTHER FATHER

**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 *me*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *D. M. David*  
Licensed Embalmer No. 3741  
P. O. Address 1926 Allen av

**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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9811

On this 1st day of December, 1943, before me appears Earl S. Barton, who, upon his oath, states that the original record of <sup>birth</sup> death for Electa A. Barton, died Nov. 7th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on 11-9-, 1943, should be corrected as follows:

Item No. 7 should read July 21, 1865

Instead of Unknown about 1865

Item No. 8 should read 78yrs. 3mos. 16days

Instead of About 78

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Earl S. Barton son  
Relationship son

2018. 20st St Louis mo  
Present Address.

Subscribed and sworn to before me this 1 day of Dec., 1943

My Commission expires My Commission Expires March 4 1947  
Geo C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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