

Registration District No. 19480

Primary Registration District No. 5425

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

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town RURAL - ROEUF JAMES  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 week years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits write "RURAL")  
(d) Street No. 536 Andrews (If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1943 hour 7 minute 30 A.M.  
21. I hereby certify that I attended the deceased from after death  
\_\_\_\_\_ 19\_\_\_\_, to Dec. 25 1943;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mechanical Suffocation by bed clothes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Dec. 25, 1943  
(c) Where did injury occur? Berger Franklin No. \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) D.O.  
Address New Haven Date signed 12/25/43

3. (a) PRINT FULL NAME PHILLIP LEO BARTON

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

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

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

7. Birth date of deceased Dec 4 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 21 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Carlton Barton

13. Birthplace St. Marys, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Thelma Wellmann

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

16. (a) Informant Carlton Barton

(b) Address 536 Andrews Kirkwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Evan Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Berger, Mo.

19. (a) Dec 24 43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

**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 *Herman Bilisner*.....

Licensed Embalmer No. *528*.....

P. O. Address *Berger 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, above space should be left blank.**