

BUREAU OF THE CENSUS
FILED MAR 13 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2135

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:
3907 Delmar Blvd. /
(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 17

(c) City or town St. Louis 9 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3907 Delmar
(If rural, give location)

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

3. (a) PRINT FULL NAME Ernest Barton

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 7:20 minute A. M.

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: March 11 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1943 to March 2 1944
that I last saw him alive on March 2 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>72</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____
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Immediate cause of death
Chronic Interstitial Nephritis

Due to _____

Due to _____

Duration
3 days

9. Birthplace Otterville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired iron worker

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name John Barton

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

14. Maiden name Elizabeth Montgomery

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

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? _____

16. (a) Informant Mrs. Main

(b) Address 7417 Teasdale

17. (a) Removal (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 3 1944 (b) J. J. Brubaker
(Date received local registrar) (Registrar's signature)

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Jay H. Lamb (M. D. or other) MD
Address 4064 Olive Date signed 3/3-44

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

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

John W. Gonoski
.....
Licensed Embalmer No. *3398*.....

P. O. Address.....

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.