V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25608

FILED AUG 31 1944

Registration District No. _____ Primary Registration District No. 6076 Registrar's No. 1618

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. May 4, 1944 (Specify whether
In this community Since May 4, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Madison 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1001 Greenwood St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - 2

3. (a) PRINT FULL NAME BARTON, Charles H.
3. (b) If veteran, name war SPAW
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife - - Unknown
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased DECEMBER (Month) 29, (Day) 1870 (Year)

8. AGE: Years 73 | Months 6 | Days 29 | If less than one day - - hr. - - min.

9. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business - - -
FATHER
12. Name John Barton,
13. Birthplace Unknown (City, town, or county) Unavailable (State or foreign country)
MOTHER
14. Maiden name Emmeline (Unavailable)
15. Birthplace Unknown (City, town, or county) Unavailable (State or foreign country)
16. (a) Informant M. Schelly Cl.Clk.
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7--31-1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.
18. (a) Signature of funeral director C. Hoffmeister Ulz L. Co.,
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) JUL 31 1944 (Date received local registrar) (b) E. D. McLaurans M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1944 hour 2:45 minute A.M. M.
21. I hereby certify that I attended the deceased from May 4, 1944 to July 28, 1944; that I last saw him alive on July 28, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHOPNEUMONIA, RIGHT.TYPE 6.	About 1-week
Due to - -	
Due to - -	
Other conditions. CEREBRAL THROMBOSIS, WITH BULBAR PALSY. (Include pregnancy within 3 months of death)	About 2½-wks.

Major findings:
Of operations No operation
Of autopsy No 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) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) Means of injury
23. Signature L. M. COCHRAN, LT.COL.M.C., (M. D. or other)
Address CHIEF MEDICAL OFFICER, Date signed 7-28-44

(Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

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

600

707

AUG 3 1944

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.