

FILED JAN 15 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10987**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO.

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL #1
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4584 Maffitt
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN H. BARTON

3. (b) If veteran, name war -----

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 24 year 1944 hour 4:35 AM M.

21. I hereby certify that I attended the deceased from 12-21-44 to 12-24-44 19____

that I last saw him alive on 12-24-44 19____ and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Nora Barton

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Unknown Abt. 1881

(Month) (Day) (Year)

Immediate cause of death Thrombosis of femtulostrate artery

Due to _____

Due to _____

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

About 63 Unknown hr. min.

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

Major findings: Of operations _____

Of autopsy Same

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? _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Barton

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

14. Maiden name Nora Fryor

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

16. (a) Informant Vera Mattina

(b) Address 4584 Maffitt st.

17. (a) Removal (b) Date thereof 12/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director Wm. G. Maxwell

(b) Address 1926 Allen Ave.

19. (a) DEC 25 1944 (b) J. F. Budek
(Date received local Registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12-24-44

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 How L. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.