

FILED MAY 21 1945
818

State File No.

Registrar's No. 4160

Registration District No.

Primary Registration District No. 1

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Baptist
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary J. Barton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 married
6. (b) Name of husband or wife Robert Barton 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased march 31 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Reynolds Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER 11. Industry or business

12. Name John Myers
13. Birthplace Reynolds Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Esther Myers
15. Birthplace Reynolds Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Barton
(b) Address Bunker Mo.

17. (a) Burial (b) Date thereof 5-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Mo.

18. (a) Signature of funeral director C. L. Spahr
(b) Address Doton Mo.

19. (a) MAY 10 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Went
(c) City or town Bunker 33 NP
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from April 15, 1945 to May 6, 1945; that I last saw her alive on May 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Perforated peptic ulcer 3 da

Due to 117

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Perforated peptic ulcer 4/15/45
Of autopsy None

22. If death was due to external causes, fill in the following:

(c) 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? (c) Means of injury 0

23. Signature Isaiah Kueffer (M. D. or other)
Address 4500 Olive Date signed 5/7/45

Duration 3 da

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

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

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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

Edward Sparks

Licensed Embalmer No.

4287

P. O. Address

Flot Run 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, fact should be so stated above.