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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31664

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9196

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

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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Weeks (Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1133 South 10,St. 229
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ephriam Lee Barton
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 15 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
46	5	8	hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Huckster
11. Industry or business Self
FATHER
12. Name Ephriam Lee Barton
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Zenora Pigg
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Laura Barton
(b) Address 1133 South 10,St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) /25 (Day) /45 (Year)
(c) Place: burial or cremation Trinity Lutheran Ceme.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) OCT 24 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1945 hour 2 minute 30 A M.
21. I hereby certify that I attended the deceased from September 15, 1945, to October 23, 1945 that I last saw him alive on October 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	8 weeks
Due to Hypertensive cardio-vascular-renal disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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)
(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? (e) Means of injury
23. Signature Rosine P. Carney jr (M. D. or other)
Address 1325 So Grand Date signed 10-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.