

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 269

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: LUTHERAN HOSPITAL  
(d) Length of stay: 2 WEEKS  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(d) Street No. 2715 MISSOURI AVE  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOLORES E. BARTON  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 198-16-2216

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN day 7 year 1949 hour 1:40 minute  
21. I hereby certify that I attended the deceased from 12/23/46 to Jan 7 1949  
that I last saw her alive on 1/7 and that death occurred on the date and hour stated above.  
Immediate cause of death: acute Perikermia myelogenous

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CONRAD BARTON  
6. (c) Age of husband or wife if alive 30 1/2 years  
7. Birth date of deceased SEPT 24 1921 (Month) (Day) (Year)

Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 74  
Major findings: Of operations \_\_\_\_\_  
Of autopsy as above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 25 Months 3 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)  
10. Usual occupation INSPECTOR AMERICAN  
11. Industry or business THERMAMETER CO.  
12. Name JACOB HOLTZMANN  
13. Birthplace INDIANA (City, town, or county) (State or foreign country)  
14. Maiden name DA. PUNKLER  
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant CONRAD BARTON  
(b) Address 2715 MISSOURI AVE  
17. (a) BURIAL (b) Date thereof JAN 10-47 (Month) (Day) (Year)  
(c) Place: burial or cremation NEW SS PETER AVE  
18. (a) Signature of funeral director The Kulis & Son  
(b) Address 2906 Harris Ave  
19. (a) JAN 9 1947 (b) J. F. Brunet (Registrar's signature)  
(Date received local registrar)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. \_\_\_\_\_)  
Address 2800A Chippewa Date signed 1/9/47

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

2800 ~~at large~~

2-14

SEP 30 1944

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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

*Raymond F. Heeman*

Licensed Embalmer No.

*4266*

P. O. Address

*St. Louis, 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.**