No. 300
10.48

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

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20747

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5858

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Illinoi s
b. COUNTY: Pike 799
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
d. STREET ADDRESS (If rural, give location): Box 201

3. NAME OF DECEASED (Type or Print)
a. (First): CORDELIA
b. (Middle): NMN
c. (Last): BARTON

4. DATE OF DEATH (Month) (Day) (Year): JULY 2 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1882
9. AGE (In years last birthday): 67 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant Hill, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Frederick Wiedman
13b. MOTHER'S MAIDEN NAME: Rosa Lee Meamber
14. NAME OF HUSBAND OR WIFE: R.B.Barton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: R.B.Barton, Pleasant Hill, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary embolus	2 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	6-7 yrs.
DUE TO (c)	Arteriosclerosis, general	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchopneumonia	1 wk.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 4500

22. *I hereby certify that I attended the deceased from* June 18, 1949, *to* JULY 2, 1949, *that I last saw the deceased alive on* July 2, 1949, *and that death occurred at* 12:01 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H Bradley (Degree or title) M.D.
23b. ADDRESS: Barnes Hospital
23c. DATE SIGNED: 7/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-2-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pleasant Hill, Ill.

DATE REC'D BY LOCAL REG. JUL 5 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank D. [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.