

STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. **38535**
Registrar's No. **9845**

BIRTH NO. **80513-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **MISSOURI**

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**
c. LENGTH OF STAY (in this place)
c. CITY OR TOWN **ST. LOUIS**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **ST. LOUIS CITY HOSPITAL**
e. STREET ADDRESS (If rural, give location) **2219 LaSalle**

3. NAME OF DECEASED
a. (First) **Baby** b. (Middle) c. (Last) **BARTON**
4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER 27, 1954**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**
8. DATE OF BIRTH **OCTOBER 27, 1954** 9. AGE (in years last birthday) **10** 10. IF UNDER 1 YEAR Months **5** IF UNDER 24 HRS. Hours **10** Min. **5**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE**
10b. KIND OF BUSINESS OR INDUSTRY **NONE**
11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS, MISSOURI**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **HENRY Barton** 13b. MOTHER'S MAIDEN NAME **ROSE COUTHORD** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NIL.**
16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **HOSPITAL RECORD** ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Anoxic anoxia**
INTERVAL BETWEEN ONSET AND DEATH **10 hrs.**
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) **Interference with fetal circulation by compression of umbilical cord during labor & delivery**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **7620**

22. I hereby certify that I attended the deceased from **10-27-54**, 19___, to **10-27-54**, 19___, that I last saw the deceased alive on **10-27-54**, 19___, and that death occurred at **9:25P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Mary A. Davis, M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **10-28-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-30-54** 24c. NAME OF CEMETERY OR CREMATORY **Local** 24d. LOCATION (City, town, or county) (State) **Bonne Terre, Mo.**

DATE REC'D BY LOCAL REG. **OCT 30 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington.**

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

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.....
Signature of Student Embalmer

Signed.....

no Embalmer
C. J. Ash

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**