

FILED JAN. 11 1956		STANDARD CERTIFICATE OF DEATH		State File No.	
BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
REGISTRAR'S No. 10779					
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>4201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo-Pae Hosp.</u>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS <u>3647 McKibbin</u> (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>STANLEY</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>BARTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>May 8 1884</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TOOL DESIGNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McGuay Norris</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>POLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>STANLEY BARTON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA BARTON (DECD)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>WANETA BARTON</u>		18. ADDRESS <u>3647 Mc KIBBON</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> 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 <u>420.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 29 1955</u> , to <u>Dec 7 1955</u> , that I last saw the deceased alive on <u>Dec 7 1955</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Anna-Carner, M.D.</u>			23b. ADDRESS <u>464 N. Taylor = St. Louis, Mo</u>		23c. DATE SIGNED <u>Dec 8, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC. 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	
24d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		24e. (State) <u>Mo.</u>			
DATE REC'D BY REG. <u>DEC 9 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>	
ADDRESS <u>2906</u>					

(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 _____
Signature of Student Embalmer

Signed Samuel C. Hill
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Licensed Embalmer No. _____

P. O. Address 2706 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.