

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35240

FILED NOV 16 1956

State File No. \_\_\_\_\_  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9101**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>		c. LENGTH OF STAY (in this place) <b>4 HR 25 MIN.</b>	c. CITY OR TOWN <b>EAST ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>547 NORTH SIXTH STREET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DEWITT</b> b. (Middle) <b>D.</b> c. (Last) <b>BARTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 3, 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 29, 1890</b>
9. AGE (in years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 11 HRS. Days <b>4</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BRAKEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G.M.C.O. RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ALEXANDER COUNTY, ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES BARTON</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA WALLACE</b>		14. NAME OF HUSBAND OR WIFE <b>EVA BARTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Eva C Barton</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>547 N. 6TH STREET E. ST. LOUIS, ILL.</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Carcinoma of pancreas</b>  ANTECEDENT CAUSES <b>DUE TO (b) with metastasis to liver;</b> <b>DUE TO (c) 2. Abscess of pancreas</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>157x</b>	20. AUTOPSY? YES <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:35 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick C. Lyle, Coroner</b>		(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>303 Clark Ave</b>
23c. DATE SIGNED <b>10/4/56</b>		24. NAME OF CEMETERY OR CREMATORY <b>210N Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10/4/56</b>	24c. LOCATION (City, town, or county) (State) <b>ST. LOUIS, CO., MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>OCT 4 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John A. Kraljic EAST ST. LOUIS, ILL.</b>

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 *Joseph J. Kassaly*.....

Licensed Embalmer No...754

P. O. Address...1101 N. 9th.  
E. St. Louis

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.

*Not Embalmed*