

**FILED NOV 22 1944 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **9646**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 hours  
years, months or days)

3. (a) PRINT FULL NAME Robert Barugh

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Gladys 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 22 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 18 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Driffield England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Barugh

(b) Address Staunton, Ill.

17. (a) Removal (b) Date thereof 11-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staunton, Illinois.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 14 1944 (b) J. F. Bresick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Macoupin 977  
(c) City or town Staunton 11  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 10  
year 1944 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-9-44 to 11-10-44, 1944 to 11-10-44  
that I last saw him alive on 11-10-44 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction Duration \_\_\_\_\_

Due to 117  
Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings Peptic ulcer? Of operations \_\_\_\_\_

Of autopsy myocardial infarction **PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**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) (e) Means of injury \_\_\_\_\_

23. Signature Robert C. Krajcar (M. D. or other) M.D.  
Address BARNES HOSPITAL Date signed 11/14/44

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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.....

Licensed Embalmer No. 3575

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 this body is not embalmed, fact should be so stated above.**