

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28843

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **100**
 City **St. Louis** (No. **City Troop 1st**)

File No.
 Registered No. **8397**
 St. Ward)

2. FULL NAME **Allen (Barber) Barber**
 (a) Residence. No. **2112 Chippewa St.** **24** Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred **41** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **(write the word)** **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 17 - 1886**
7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ____ hrs. or ____ min.
41 | **1** | **3**
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Homeowner**
 (b) General nature of industry, business, or establishment in which employed (or employer) **1113 E. 9th**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**
10. NAME OF FATHER **Ford Burkou**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
12. MAIDEN NAME OF MOTHER **Mary Deppel**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **Dr. R. K. ...**
 (Address) **City Troop 1st**
15. FILED **SEP 21 1927**
19 **May C. Starkling**
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 20 1927**
17: I HEREBY CERTIFY, That I attended deceased from **Sept 10 1927**, to **Sept 20 1927**, that I last saw him alive on **Sept 20 1927** and that death occurred, on the date stated above, at **8:15 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Pneumonia
#103 No Broncho or Lobar
CONTRIBUTORY **Chronic myocarditis**
(SECONDARY) **Chc. Hepatitis** (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
8 **1290**
DID AN OPERATION PRECEDE DEATH? **8** **1290** DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Dr. R. K. ...** M.D.
 9/20/27 (Address) **City Troop 1st**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri Crematory** **DATE OF BURIAL** **9/22 1927**
20. UNDERTAKER **Earl W. Goble** **ADDRESS** **2817 South Kingshighway**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

1. Fisher.