MAR 26 1928

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

Do not use this space.

6325

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 41
City ~~St. Louis~~ Richmond Hgt Mo. (No. St. Mary's Hospital St. Ward)

2. FULL NAME Charles Shirley Barker
(a) Residence. No. 4310 Grace Ave. St., Ward. St Louis, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celeste

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1891

7. AGE: 36 YEARS — MONTHS: 1 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Charles M. Barker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hudson
(STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER Martha Peskitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brighton
(STATE OR COUNTRY) England

14. INFORMANT
(Address) 4310 Grace Ave. St.Louis,

15. FILED 2/21, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb - 4 - 1928, to Feb - 19 - 1928 that I last saw him alive on Feb - 19 - 1928, and that death occurred, on the date stated above, at 11 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia - both lungs -
10 8
2 8
101 a
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) ~~Hemo~~ pneumococcus septicemia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding
(Signed) X ray + laboratory, M. D
, 19 (Address) H. A. Goodrich Webster Groves

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill- Kirkwood, Mo.
DATE OF BURIAL: Feb. 22 1928

20. UNDERTAKER: V. M. Kurrus - Sec. Kurrus Undertaking Co.
ADDRESS: E. St. Louis Ill.

Dr. Goodrich

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mrs Jenson
Bellevue

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