JUN 28 1929

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

Do not use this space.

19353

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 191

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Charles Barker

(a) Residence. No. 1220 S. 14th 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.~~ 10 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 ~~XXXXXXXX~~ Betty Breiton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	4	15	

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

9. BIRTHPLACE (CITY OR TOWN) Wisconsin
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Barker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth (unknown)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Koch Hospital Records
(Address) Koch, Mo.

15. FILED May 20, 1929. L. C. Obroch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1929, to May 20 1929 that I last saw him alive on May 20 1929, and that death occurred, on the date stated above, at 3:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) T. B. C. Laryingitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. L. Gallant, M. D.
5-20-29 (Address) Koch Hosp. Koch, Mo.

*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: S. S. Peter Paul — DATE OF BURIAL: 5/23 1929

20. UNDERTAKER: Seigenheim Bros — ADDRESS: 2022 Cherokee

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.

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31
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