

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

Do not use this space.

38841

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 3300 So. Jefferson) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11281  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Barbara J. Shara  
(a) Residence. No. 3300 So. Jefferson St., 24 Ward. \_\_\_\_\_  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 - 1836.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>93</u>	<u>1</u>	<u>10</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. House Work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Zacherion Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Francis Belle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Geo. B. Melick  
(Address) 3309 So. Jefferson Ave.

15. FILED NOV 19 1929 Max C. Markert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1929, to Nov. 18, 1929, that I last saw him alive on Nov. 17, 1929, and that death occurred, on the date stated above, at 3:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107<sup>th</sup>  
17 Bronchopneumonia  
(duration) yrs. mos. 11 ds.  
CONTRIBUTORY Arterio Sclerosis  
(SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
(Signed) J. H. Johnson M. D.  
11/18, 1929. (Address) 2435 N. Grand Ave.

\*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 Macow Mo. DATE OF BURIAL 11-19-1929

20. UNDERTAKER Ziegenhein Bros. 2623 Chesnut St. ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

262  
29

