

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

Do not use this space.

34802

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **103**  
 City **St. Louis** (No. **3658 Lafayette**) St. .... Ward .....

File No. ....  
 Registered No. **8973** St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. **3658 Lafayette** St. .... Ward. ....  
 (Usual place of abode)

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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lulu Barron**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 8 - 1862**

7. AGE YEARS **71** MONTHS **1** DAYS **8** IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Inspector of Mines**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **M.**

13. NAME **John Barron**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **M.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. A. Ahyan** (ADDRESS) **3658 Lafayette**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Anthony** DATE **Oct 18 1933**

19. UNDERTAKER **Shealy Funeral Home** (ADDRESS) **435 1/2 Lafayette**

20. FILED **OCT 17 1933** **J. P. Redick** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 16<sup>th</sup> 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 29**, 1933, to **October 15**, 1933

I last saw him alive on **Oct 15**, 1933. Death is said to have occurred on the date stated above, at **1:20** p. m.

The principal cause of death and related causes of importance were as follows:

**131**  
**Chronic interlobular nephritis** Date of onset **2 yrs**

Other contributory causes of importance **131**  
**was same** **3 days**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **hemorrhage** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Orval H. Delfino** M. D.  
 (Address) **3148 Olive St. St. Louis Mo**

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.

NOV 10 1933

Dr. Wilhelm  
3148 Stein  
Prof. 12.5.2