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

Do not use this space.

35631

1. PLACE OF DEATH OCT 5 1936

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 3659 Cook Ave. St. ..... Ward)

File No. ..... Registered No. 9247

2. FULL NAME William R. Barringer

(a) Residence, No. 3659 Cook St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 Emma Dickerson Barringer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1862

7. AGE: Years 74 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Mo

FATHER

13. NAME John R. Barringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co Missouri

MOTHER

15. MAIDEN NAME Prudence R. McGinnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Missouri

17. INFORMANT Emma R. Barringer
(ADDRESS) 3659 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vallhalla DATE Sept. 8th 36
Bellville, Ills.

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.

20. FILED SEP 6 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936 to Sept. 6, 1936, Last saw him alive on Sept 5, 1936. Death is said to have occurred on the date stated above, at 7:45 A.m.

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

Carcinoma - Eye, Face and Nasal tract.

primary seat left side of face

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) C. M. Adams M. D.
(Address) 3012 Lafayette

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.