

DEC 13 1937

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

39693  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **St. Anthony Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Pearl Barker**  
 (a) Residence, No. **3543 Bingham Avenue** St. **15**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **David L. Barker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 3, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**58 3 14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**  
 9. Industry or business in which work was done, as 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) **St. Charles Missouri**

FATHER 13. NAME **Dr. H. F. Allen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wales England**

MOTHER 15. MAIDEN NAME **Virginia Beatty**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

17. INFORMANT **Mrs. A. W. Peters - Sister**  
 (ADDRESS) **St. Louis, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Mausoleum** DATE **November 20, 1937**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**  
 (ADDRESS) **7314 S. B'way, St. Louis, Mo.**

20. FILED **NOV 18 1937** **J. T. Predeck**  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 17, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 2,** 19**37** to **Nov. 17,** 19**37**

I last saw h. or alive on **Nov. 17,** 19**37** Death is said to have occurred on the date stated above, at **8:20 PM**

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

**Granulocytopenia**

Date of onset **11/2/37**

Other contributory causes of importance:  
**Hemolytic Streptococccic** **11/6/37**  
**Angina of Throat.**

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? **N** **0**  
 If so, specify **A. W. Peters** M. D.  
 (Signed) **A. W. Peters** (Address) **1145 a S. Grand Blvd.**

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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**STATEMENT BY LICENSED EMBALMER**

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister

L. E. No. 3871

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Geo W Hoffmeister  
Licensed Embalmer No. 2426

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**