REC'D FEB 10 1939

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

254
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 254
(c) City St. Louis, Mo. (d) Street No. US Marine Hospital, 3640 Marine Ave. 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 620 Walter R. Barwick
(a) Residence, No. 2921 S. Broadway. St. 24
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1878
7. AGE: YEARS 60 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Deckhand
9. Industry or business in which work was done, as saw mill, bank, etc.: General labor on river steamers
10. Date deceased last worked at this occupation (month and year): Nov. 19, 1932
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Miss.

FATHER
13. NAME: William Barwick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown S. Carl.

MOTHER
15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Miss.

17. INFORMANT (ADDRESS): Clinical Records, U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matheus Cem. DATE Jan. 9 - 1939

19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED JAN 8 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1934, 19..., to Jan. 5, 1939, 19...
I last saw him alive on Jan. 5, 1939, 19... Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	12-30-1938.

Other contributory causes of importance:

Tuberculosis, pulmonary, quiescent	Unknown
Cystic kidney	Unknown
Cholelithiasis	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? Yes 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) T. E. Billings, A. Surg. USPHS, M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I. X12004

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. 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.)