

1650 JUN 1, 1933

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

17328  
Do not use this space.

791  
1008

4862

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City ST. LOUIS (d) Street No. ST. ANTHONY'S 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 JAMES F. BARR

(a) Residence, No. 3909a MAGNOLIA AVE. St. 16 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 CATHERINE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 2, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. Mercantile Ins. Agency  
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) ILLINOIS

13. NAME JESSE BARR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME ROSE HUGHES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT MRS. JAMES F. BARR  
(ADDRESS) 3909 a MAGNOLIA AVE.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE CALVARY CEMETERY DATE MAY 30 1933

19. FUNERAL DIRECTOR (NAME) PEETZ BROS.  
(ADDRESS) 3029 LAFAYETTE AVE.

20. FILED MAY 29 1933  
J. F. Barr Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 27 1933

22. I HEREBY CERTIFY That I attended deceased from May 9<sup>th</sup> 1933, to May 27<sup>th</sup> 1933

I last saw him alive on May 27<sup>th</sup> 1933. Death is said

to have occurred on the date stated above, at 1.50 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute pulmonary embolism  
Myocarditis with  
several foci  
Date of onset 5/2/33

Other contributory causes of importance:

Name of operation None Date of 5/15/33

What test confirmed diagnosis? None Was there an autopsy? Yes

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 None

(Signed) J. F. Barr M. D.

(Address) 3548 S. Grand

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.

3548 J. Brown

La-3637

2. 6 3 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Brown*

Licensed Embalmer No..... 2245.....

P. O. Address..... St. Louis, Mo.....

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.)

If this body is not embalmed, above space should be left blank.