

JUL 12 1939

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

20451
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. 3351 Market Registered No. 5295
(e) Length of residence in city or town where death occurred 10 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

HENRENE BARBER
(a) Residence, No. 3351 MARKET St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES BARBER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1899
7. AGE YEARS 40 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Hollandale, Miss.

FATHER 13. NAME GEORGE WHITE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kosciusko, Miss.

MOTHER 15. MAIDEN NAME ANNA ROBY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kosciusko, Miss.

17. INFORMANT (ADDRESS) OLLIE G. MOORE
3351 Market Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) English and Co
3931 Levee Ave.

20. FILED JUN 13 1939 19 J. B. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. HEREBY CERTIFY, That I attended deceased from MAY 28, 1939 to JUNE 9, 1939
I last saw him alive on JUNE 9, 1939 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Carcinoma Rectum 1937

Other contributory causes of importance: None

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) W. H. G. Clark M.D.

(Address) 2650 - Franklin

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.

2014

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.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Fine*

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.