S. No. 2
—11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC APR 1 6 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8930

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2413

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ent Hospital Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, Mo. 26 (If outside city or town limit write "RURAL")

(d) Street No. 2005 N. ~~15th Str~~eet (If rural, give location) Florissant (Rear)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lilly Barrell,

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jluy 9th, 1872 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 27 If less than one day hr. min.

9. Birthplace East St. Louis, Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Cutter in Wholesale House

11. Industry or business

FATHER
12. Name M.C.Barrell.
13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie C. Carpenter.
15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

210 m 21

16. (a) Informant Sarah Barrell

(b) Address 2005 North 15th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12th, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Wm Leidner M. Co.

(b) Address 1417 N. Market Street.

19. (a) MAR 12 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1940 hour 6 minute 41 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture and Dislocation of 1st Cervical Vertebral Laceration of Stomach, Fracture of Symphyses Pubis

Due to Suffered when struck by unknown make of car

Other conditions Driven by unknown (Include pregnancy within 3 months of death)

Driver of No. Florissant and Clinton St about 6:40 P.M. March 6 - 1940

Major findings: Of operation

Of autopsy Homicide

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 3/6/40

(c) Where did injury occur? 20 St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. [illegible] (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. City License 180 working under my personal supervision.

Signed Raymond E. Zehrke

Licensed Embalmer No. 3985

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.