JUN 15 1940

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16658

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4136

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS. MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DE PAUL HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County —

(c) City or town ST. LOUIS. 26
(If outside city or town limits write "RURAL")

(d) Street No. 2500 W. DODIER STR.
(If rural, give location)

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

3. (a) PRINT FULL NAME CAROLINE E. BARBIER

3. (b) If veteran, name war —

3. (c) Social Security No. —

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 JUNE (Month) 1ST (Day) 1929 (Year)

8. AGE: Years 10 Months 11 Days 6 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation SCHOOL GIRL

11. Industry or business NONE

FATHER
12. Name WILLIAM. L. BARBIER
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name HELEN RUPRECHT
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Helen Barbier

(b) Address 2500 W Dodier St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 9 = 1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brockland Und Co

(b) Address 1827 HOGAN STR.

19. (a) MAY 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7TH year 1940 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from April 26, 1940, to May 7, 1940 that I last saw her alive on May 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Fever

Due to Acute Pericarditis

Due to

Other conditions (Include pregnancy within 3 months of death) 3:10 A

Major findings:
Of operations

Of autopsy Acute Rheumatic Endo Fibrinous Pericarditis Carditis

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature A. J. Sewing (M. D. or other) MD

Address 2342 St Louis 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.....

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

working under my personal supervision.

Signed Albert G. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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

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