

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Children's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 1 year 14 days years, months or days)

3. (a) PRINT FULL NAME Barbara Ann King 521

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7 31 39  
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George  
13. Birthplace Laura James  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Stigler  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant D. D. Durnum  
(b) Address 500 S. Kings Highway

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

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Shackles - Helms U.S.C.  
(b) Address 2321 S. Broadway

19. (a) AUG 18 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 18  
(If outside city or town limits write "RURAL")  
(d) Street No. 4409 Gibson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8<sup>th</sup> day 14<sup>th</sup>  
year 1940 hour 4 minute 17 p. m.

21. I hereby certify that I attended the deceased from 8-11-1940 to 8-14-1940  
that I last saw her alive on 8-14-40, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Dronchopneumonia - acute Duration 5 days

Due to Cystic Fibrosis & Pneumonia  
& Interstitial pneumonia  
Due to non malignant

Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Alexis F. Hartman (M. D. or other) 1  
Address St. Louis Children's Hosp Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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. Wyland*

Licensed Embalmer No.

*2675*

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.