

NOV 16 1940 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis mo.
(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: 2607 Virginia Ave.
(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 years, months or days)

3. (a) PRINT FULL NAME Betty E. Barr

8. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife G. H. Barr 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July (Month) 27 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Leitner

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Theresa Rapp (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant A. M. Barr

(b) Address 4978 Latins Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington St.

19. (a) OCT 3 1940 (b) J. B. Bullock (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limit, write "RURAL") 17
(d) Street No. 2607 Virginia Ave. (Rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1940 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 19 Oct. 1938 to Oct 7 1940
that I last saw him alive on Oct 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Due to 3 enitit

Due to 88

Other conditions _____ (Include pregnancy within 3 months of death)

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 T. J. Kump (M. D. or other) _____

Address 4303 Washington Date signed Oct 2/40

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

Howard P. Rowland

Licensed Embalmer No. *3114*

P. O. Address *Ot 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.