

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33868
Registrar's No. 8565

Primary Registration District No. 791

Primary Registration District No.

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: 3020 Salena St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John Henry Barren

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 499-03-650

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

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sent. 4 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business _____

12. Name Walter Barren

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Polly Doghead

15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Barren

(b) Address 3020 Salena St.

17. (a) Burial (b) Date thereof 10/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. OCT 16 1940 (b) J. E. Badcock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3020 Salena St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1940 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct. 15 to Oct. 15, 1940
that I last saw him alive on Oct. 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Duration 3 y 10

Due to _____

Due to _____

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

Major findings: Of operations Carcinoma of Prostate

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) (c) Means of injury 1

23. Signature J. E. Badcock (M. D. or other) MD

Address 3548 S. 2nd St. Date signed 10/16/40

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.....

Guy W. Wilkinson

Licensed Embalmer No..... *3575*

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, fact should be so stated above.