

RECORD - INK - MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36420

Registration District No.

784

Primary Registration District No.

115

Registrar's No.

1911

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7709 Olive St. Rd.
(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)

8. (a) PRINT
FULL NAME Hilary Francis Barriere Sr.

8. (b) If veteran, name war _____ 8. (c) Social Security No. 497-05-4592

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

6. (b) Name of husband or wife Naoma B. Barriere 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 1 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name George Barriere

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Miss Naoma B Barriere

(b) Address 7709 Olive St. Rd. U. City,

17. (a) Burial (b) Date thereof 10-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabvary

18. (a) Signature of funeral director James H Bopp Ave

(b) Address Kirkwood, Mo.

19. (a) OCT - 8 1940 (b) T.R. Meyer, M.D. M.C.H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7709 Olive St. Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1940 hour 3:25 minute a M.

21. I hereby certify that I attended the deceased from 12-1-25
_____, 19____, to 10-8, 1940
that I last saw him alive on 10-8-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 10da

Due to Chn. Endocarditis 20yr

Due to Arthritis 30yr

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

Major findings: _____
Of operations none

Of autopsy none

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? _____

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

23. Signature Dr. H. H. Bopp (M. D. or other) MD

Address 340 Bismarck Date signed 10-8-40

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.....

Louis H. Bapp, Registered Apprentice No.
working under my personal supervision.

Signed

Louis H. Bapp

Licensed Embalmer No. 724

P. O. Address Putnam

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.