

FILED JAN 15 1941

791

Primary Registration District No.

1003

Registrar's 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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME SUE E. BARGE.

3. (b) If veteran, name war None 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 George W. Barge. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased September 27, 1861.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 1 7 hr. min.

9. Birthplace Indian Springs, Tennessee.  
(City, town, or county) (State or foreign country)

10. Usual occupation Probation Officer (Retired)

11. Industry or business Juvenile Court St. L. Co. Mo.

MOTHER FATHER { 12. Name Dont Know.

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

14. Maiden name Dont Know.

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

16. (a) Informant Mr. George Barge.

(b) Address 7521 San Diego Ave.

17. (a) Burial (b) Date thereof 12-5-1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave

19. (a) DEC 3 1940 (b) J. H. Buech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6223 Lenox Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd.  
year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11/22/40  
to 12/3/40, 1940.  
that I last saw him alive on 12/3/40, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 8 days

Due to Acute Nephritis Unknown  
Cause unknown

Due to \_\_\_\_\_  
Other conditions Anemia, Small Pox Unknown  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 130  
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 Richard D. Butler (M. D. or other) M.D.  
Address 906 Olive St Date signed 12/3/40.

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

Dr. Richard Sutter.  
Frisco Bldg.  
Hours 11 to 5 P.M.  
Telephone Main 1042

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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 3454

David C. Gibson

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. Casa

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.