

Registration District No. 791 Primary Registration District No. Registrar's No. 3736

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Firmen Desloge Hospital
(d) Length of stay: In hospital or institution 17 days
In this community 17 days

3. (a) PRINT FULL NAME Harvey Barr
(b) If veteran, name war No
(c) Social Security No. 335-10-4839

4. Sex Male ()
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 15 1886

8. AGE: Years 54 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Trillie Illinois

10. Usual occupation switchman
11. Industry or business car fdry

12. Name James Barr
13. Birthplace Trillie Illinois
14. Maiden name Sarah Ferguson
15. Birthplace unknown 9 unknown

16. (a) Informant Deville Barr
(b) Address 1728 Edison Ave Granite City
17. (a) removal (b) Date thereof May 1, 1941
(c) Place: burial or cremation Granite City, Ill

18. (a) Signature of medical director
(b) Address
19. (a) MAY 1 1941 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Granite City N/R/11
(d) Street No. 1728 Edison Ave. 700
(e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30 year 1941 hour seven minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-30-41 to 4-30-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia

Due to: Deep abscess of neck - Cause unknown unless from a throat infection
Due to: Hemolytic Septicemia

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 152
Of autopsy: Same

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician: J. H. Moore (M. D. or other)
Address: Desloge Hospital
Date signed: 6-1-41

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

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 Francis J. Lahey

Licensed Embalmer No. 2792

P. O. Address Melion Ellin

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, fact should be so stated above.