

Registration District No. **791**

Primary Registration District No. **1002**

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:
2618^a Spruce 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. L.**
(c) City or town **St. Louis** **1722**
(If outside city or town limits, write "RURAL")
(d) Street No. **2618^a Spruce St.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **James Calvin Barr**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Mildred** 6. (c) Age of husband or wife if alive **19** years

7. Birth date of deceased **April 29 1920**
(Month) (Day) (Year)

8. AGE: Years **20** Months **1** Days **19** If less than one day hr. min.

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

10. Usual occupation **Musician**

11. Industry or business **old jobs**

12. Name **James Barr**

13. Birthplace **Miss**
(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 **Odessa Barr**

(b) Address **2612^a Spruce St.**

17. (a) **Burial** (b) Date thereof **6-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **McDowell**

(b) Address **1714 Taylor Ave**

19. (a) **JUN 21 1941** (b) **J. Barr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17th**
year **1941** hour **2:30** minute **A** M.

21. I hereby certify that I attended the deceased from **June 10** 19**41** to **June 17** 19**41**
that I last saw him alive on **June 16** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulm. T.P.**

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 **M. A. Mueller** (M. D. or other) **MD**

Address **2331^a Miller** Date signed **6-18-41**

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

00
17
9

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 _____

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address _____

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.