

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27104

6896

Registration District No. 791

Primary Registration District No. 1002

Registrar's 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:
Missouri Pacific Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 (Specify whether
 In this community 2 months
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 37
6
 (c) City or town Bland
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. # 2
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

George Ambrose Barr

3. (b) If veteran,

name war none

3. (c) Social Security

No. _____

4. Sex

M

5. Color or

W

6. (a) Single, widowed, married,

divorced M

6. (b) Name of husband or wife

Rose

6. (c) Age of husband or wife if

alive 55 years

7. Birth date of deceased

July
(Month)7
(Day)1873
(Year)

8. AGE:

Years

68

Months

1

Days

16

If less than one day

hr. _____ min.

9. Birthplace

Pottsville 1 Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation

Bridge + Bldg Dept

11. Industry or business

TRBA Retired 1939

12. Name

John J. Barr

13. Birthplace

Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown 9

15. Birthplace

Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant

Rose Barr

(b) Address

A.R. # 2 Bland, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

August 27-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Valkalla Cemetery

18. (a) Signature of funeral director

A.W. McLaughlin

(b) Address

730 Lafayette Av

19. (a)

AUG 25 1941
(Date received local registrar)J. J. Rudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Aug

day

24

year

1941

hour

9:15

minute

15 A.M.

21. I hereby certify that I attended the deceased from

7/2/40

19

to

8/24/41

19

that I last saw him alive on 8/24/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinomatosis

Duration

6 months

Due to

Carcinoma of Colon
(Rectosigmoid)1 1/2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Carcinoma of Recto-sigmoid Colon

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

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

23. Signature

Charles C. Diach (M. D. or other)

Address

Mo. Pacific HospitalDate signed 8/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

2
-41
-39
228390

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 Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2317 Lafayette

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.