

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 18 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29955**
Registrar's No. **7294**

Registration District No. **791** Primary Registration District No. **1003**

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:
312 St. George 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)

3. (a) PRINT FULL NAME Sarah Ann Barber

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Barber 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 7, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 1 hr. min.

9. Birthplace Milan / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Peeler
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant James Barber
(b) Address 312 St. George St.
17. (a) Removal (b) Date thereof Sept. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Milan Tennessee

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) SEP 9 1941 (b) J. Budick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 312 St. George St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 4
1941 to Sept 8 1941
that I last saw her alive on Sept 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Infectious
Myocarditis
cause unknown
Duration 10 days

Due to.....

Due to..... 930

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 C. J. O'Connor (M. D. or other) 0
Address 1316 N. Grand Date signed 9-8-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.