

FILED OCT 18 1941
791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7714

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
5192 Cates Ave
(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 Missouri (b) County 000
(c) City or town Saint Louis 12 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5192 Cates Ave
(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 22
year 1941 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from Sept 22
1941 to Sept 22 1941,
that I last saw him alive on Sept 22 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: arterio sclerosis
Due to Alcoholism

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

Duration

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 J. P. Thurman (M. D. _____)
Address 5269 Vernon Ave Date signed 9/25/41

3. (a) PRINT FULL NAME George Walter Barker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora Jane Barker 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 6 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months I Days I6 If less than one day _____ hr. _____ min.

9. Birthplace McLeansboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law

11. Industry or business _____

MOTHER FATHER { 12. Name Allen M. Barker
13. Birthplace McLeansboro Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Carolyn Anderson
15. Birthplace Glatia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Jane Barker
(b) Address 5192 Cates Ave
17. (a) burial (b) Date thereof 9/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) 1761 23 SEP 25 1941 (b) J. P. Thurman
(Date received local registrar) (Registrar's signature)

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

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17
9

Dr. J. C. Thurman



1-2-30 P. M.

5269 Monroe + Vernon

RO-6440

7714

7714

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.