

FILED JUN 22 1942 291

Registration District No. ....

Primary Registration District No. **1002**

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

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:  
**City Hosp.** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **35 Benton Pl.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name (country).....

3. (a) PRINT FULL NAME **Harrison Craymore Barlow**

3. (b) If veteran, name war.....

3. (c) Social Security No. **1202-12-5414**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**  
year **1942** hour **2** minute **12** A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Lucy Estella Barlow**

6. (c) Age of husband or wife if live **48** years

7. Birth date of deceased **Dec. 2 1882**  
(Month) (Day) (Year)

Immediate cause of death  
**Bronchectasis**

**Hypertrophy of Heart**

Due to.....

Due to.....

8. AGE: Years **59** Months **6** Days **6** If less than one day.....hr.....min.

9. Birthplace **Philadelphia Penn. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail Handler**

11. Industry or business **Terminal Railroad**

12. Name **Unk. Unk.**

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

14. Maiden name **Unk. Unk.**

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

16. (a) Informant **Lucy Estella Barlow**

(b) Address **35 Benton Pl.**

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

(c) Place; burial or cremation **St. Clair, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Ave.**

19. (a) **J. J. Nishek** (b) **J. J. Nishek**  
(Date received local Registrar) (Registrar's signature)

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)

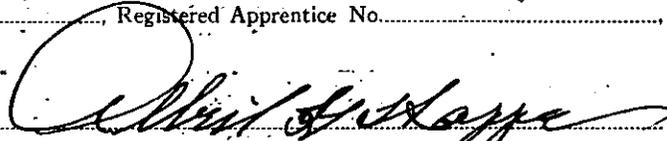
(e) Means of injury.....

23. Signature..... **Thomas J. Callahan** (M. D. or other)  
Address..... **Deputy Coroner** Date signed **6/8/42**

**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.....



Licensed Embalmer No..... 2971

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, fact should be so stated above.**