

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 6 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 1868

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

1. PLACE OF DEATH:

(a) County. St. Louis County

(b) City or town. Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Since June 30, 1942
(Specify whether years, months or days) 54 years

3. (a) PRINT FULL NAME BARCKERS, William J.

3. (b) If veteran, name war W.W.#1

3. (c) Social Security No. 490-18-9369

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife. Unknown

6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. Oct. 3rd 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>3</u>	<u>1</u> hr. _____ min.

9. Birthplace. St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk and Elevator operator

11. Industry or business Mississippi Valley Bldg

12. Name H. Barckers

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Muller

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marybelle Smith (Sister) and Government Records, VAF, Jeff. Bk. Mo

(b) Address _____

17. (a) Burial (b) Date of funeral 9/9/42
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery

18. (a) Signature of funeral director Walter Rocklage

(b) Address 6536 Clayton Road

19. (a) SEP-7 1942 (b) W. S. S. S. S. S. S.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6427 Chatham
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 9 day 6
year 1942 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6-30-42
in 9-6-42, 19____, to 9-6-42, 19____;
that I last saw him alive on 9-6-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic Heart disease, Cardiac enlargement, Myocardial damage and Myocardial insufficiency.

Due to _____

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

Major findings: No operation done.

Of operations _____

Of autopsy Refused

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)

(a) Means of injury _____

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed _____

Duration Unk.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Me.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH INSPECTION
ST. LOUIS, MISSOURI

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 *Wilford Y Burnley*

Licensed Embalmer No. *42020*

P. O. Address *St. Louis, 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.