

Registration District No. 200 Primary Registration District No. 200

1. PLACE OF DEATH: (a) County St. Louis
(b) City or town Saint Ferdinand
(c) Name of hospital or institution: Villa Jean
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED: (a) State Mo
(b) County St. Louis
(c) City or town Saint Ferdinand
(d) Street No. Villa Jean
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sister Aniceta Barrer
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 12 day 27 year 1942 hour 9 minute 30 M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 0
7. Birth date of deceased: July 5, 1894

21. I hereby certify that I attended the deceased from June 26 1942 to Dec 26 1942
that I last saw her alive on 12-26-42 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 5 Days 22 If less than one day hr. _____ min. _____

Immediate cause of death: Spasmodic Myocarditis
Due to _____
Due to _____

9. Birthplace Saint Louis Mo. (City, town, or county) (State or foreign country) 0

Other conditions: 920
(Include pregnancy within 3 months of death)

10. Usual occupation seamstress

Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business Religious
12. Name George Barrer
13. Birthplace Europe
14. Maiden name Elizabeth Stumpf
15. Birthplace Freeburg - Mo.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Sister Mary Philomena
(b) Address Rt. 3 - Box 503 Saint Louis Mo.
17. (a) burial (b) Date thereof Dec. 30 1942
(c) Place: burial or cremation Villa Jean - Cemetery

23. Signature Albert M. Pink (M. D. or other) _____
Address 5014 Leblanc Date signed 12-28-42

18. (a) Signature of funeral director Joseph H. ...
(b) Address 77420 Michigan Ave.
19. (a) DEC 30 1942 (b) J. M. ...

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

96
0

96
0

4C

170

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 Alvin E. Linder
Licensed Embalmer No. 4448
P. O. Address D. Lane

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.