

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

ED MAR 2 1943

318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

1648

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hospital
 (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)

3. (a) PRINT FULL NAME Clara Lee Barbee

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 Single

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

7. Birth date of deceased 1 - 14 - 1864
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business Andrew Bradford Barbee

12. Name Unknown Kentucky

13. Birthplace Unknown Kentucky

14. Maiden name Nancy Virginia Chambers

15. Birthplace Unknown Kentucky

16. (a) Informant Brad Humphrey
 (b) Address 127 Edgar Rd., Webster Groves, Mo.

17. (a) Burial (b) Date thereof 2-19-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery
Robert J. Ambruster

18. (a) Signature of funeral director Robert J. Ambruster
 (b) Address Clayton Road at Concordia Lane

19. (a) FEB 19 1943 J. F. Prudek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4322 Lindell Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
 year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 12/1/42 19. to 2/17/43 19. ;
 that I last saw her alive on 2/16/43 19. ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hour

Due to H/O

Other conditions (Include pregnancy within 3 months of death) Cancer of the stomach

Major findings: Of operations _____

Of autopsy As above

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 Albert E. Tausig (M. D. or other) M.D.
 Address 4500 Olive St. Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Edward H. Beckhorst

Licensed Embalmer No. ~~1994~~ 2502

P. O. Address Clayton, Missouri.

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.