S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8060

FILED APR 3 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 2827

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

1. PLACE OF DEATH:

(a) County ST Louis

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

(c) Name of hospital or institution: 2811 Stoddard ST 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 V

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

(d) Street No. 2811 Stoddard ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elenora Barber

3. (b) If veteran, name war — — — —

3. (c) Social Security No. — — —

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louis Barber

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug (Month) 16th (Day) 1868 (Year)

8. AGE: Years 74 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Vicksburg (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name ? Watkins
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ellen Butcher
15. Birthplace Vicksburg (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Louis Barber

(b) Address 2811 Stoddard ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Stoddard ST

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1943 hour 1 minute p. M.

21. I hereby certify that I attended the deceased from April 1943, to Mar 21 1943 that I last saw her alive on Mar 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute Myo-Conditis from Chronic Myocarditis

Due to

Other conditions Chronic Rheumatism (Include pregnancy within 3 months of death)

Major findings:
Of operations 9 2

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2742 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boyk

; Registered Apprentice No. My

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.