S. No. 2
M—5-42
5-17-39
X32075

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8061

State File No.

MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2239

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:
BARNES 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)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL") N.R.

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

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Barker

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife L. S. Barker

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 15 (Day) 1880 (Year)

8. AGE: Years 62 Months 9 Days 21 If less than one day hr. min.

9. Birthplace St. Genevieve (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jm Schuler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Susan Stouse
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant L. S. Barker
(b) Address Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) MAR 8 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour 9 minute 59 A.M.

21. I hereby certify that I attended the deceased from Nov. 28, 1942, to March 6, 1943; that I last saw her alive on March 6, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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)

While at work? (e) Means of injury

23. Signature T. R. Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 3/6

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Allen Davis Jr

Licensed Embalmer No. 7955

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.