

FILED APR 16 1943
REGISTRATION DISTRICT NO. 1943

Primary Registration District No. **1943**

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

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Bessie Barr**
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. **Aug 15 1866**
(Month) (Day) (Year)

8. AGE: Years Months Day **7 18** If less than one day
cut 0076 hr. min.

9. Birthplace. **Terre Haute Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **School Teacher**

MOTHER FATHER

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Eggelsfield**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. L. Ricker**
(b) Address **5788 Pershing, Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **4/6/43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**
(b) Address **131 W. Argonne Dr. Kirkwood, Mo.**

19. (a) **APR 5 1943** (b) **J. F. Budack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **96**

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **Woodlawn Hotel, 211 N. Woodlawn**
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country..... **1**
(Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **3**
year **1943** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from
Apr 2 19 **43** to **Apr 3** 19 **43**
that I last saw her alive on **Apr 2** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration
Due to **Chronic myocarditis + Hypertension**
Due to
Other conditions **108**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
While at work?.....
(Specify type of place) (c) Means of injury

23. Signature **Royal C. McLean M.D.** (M. D. or other)
Address **Kirkwood MO** Date signed **4-3-43**

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.....

Louis H. Depp
Licensed Embalmer No..... 721

P. O. Address.....

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.