

FILED APR 19 1943

Registration District No. _____
Primary Registration District No. **1003**

Registrar's No. **3163**

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

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 **1106 S. 8th St.**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **13**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1106 S. 8th St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William E. Barr**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **494-03-3286**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1**
year **1943** hour **5** minute **30p.** M.

4. Sex **Male**

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 **Dec. 18 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	68	3	13	_____hr. _____min.

Due to **Coronary Sclerosis; Arteriosclerosis;**

Due to _____

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

10. Usual occupation **Watchman**

11. Industry or business **Rice Stix Dry G. Co.**

12. Name **Michel Barr**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Murray**

15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **May Kettel**

(b) Address **2911 California Av.**

17. (a) **Cremation** (Burial, cremation, or removal)

(b) Date thereof **4-5-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **Will Bros & Co**

(b) Address **2929 S. Jefferson Av.**

19. (a) **APL** (Date received by registrar)

(b) **J. F. Bruce** (Registrar's signature)

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 **Walter Perry** (M. D. or other)

Address **Walter Perry** Date signed **4/2/43**

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 *Gustav W. Deitels*.....

Licensed Embalmer No. *4329*.....

P. O. Address *2929 S. Jefferson*.....

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.