

FILED JUN 14 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5157

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: Missouri Pacific Hospital 6
(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 Illinois (b) County St. Clair ⁹⁹⁹
(c) City or town Dupo ^{NR!}
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Louisa
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME John L. Barker

3. (b) If veteran World War 1 name war _____
3. (c) Social Security No. 702-18-6773

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sara H. Barker
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 2 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Zenia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Conductor

11. Industry or business retired

MOTHER FATHER { 12. Name Ephram Barker

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Turner

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

16. (a) Informant Mrs Sarah E. Barker

(b) Address Dupo, Ill.

17. (a) Removal (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 4 1943 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

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 Coronary Occlusion;
Pulmonary Tuberculosis.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature Alfred G. Perry (M. D. or other) _____

Address _____ Date signed 6/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Henry M. Brammer*

Licensed Embalmer No..... *4200*

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.