. S. No. 2
OM—2-43
5-17-39
I X35697

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

State File No. 22761

FILED JUL 17 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6257

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: Peoples Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 19 So Channing Ave
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Donnie Barber

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Barber 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec 25-1887 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Self

FATHER 12. Name Charlie Richardson

FATHER 13. Birthplace Macon (City, town, or county) Miss (State or foreign country)

MOTHER 14. Maiden name Rosetta

MOTHER 15. Birthplace Macon (City, town, or county) Miss (State or foreign country)

16. (a) Informant Minnie Murphy
(b) Address 3300 Lawton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page Bl.

19. (a) JUL 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 8, 1943, that I last saw her alive on July 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to Arteriosclerosis
Due to
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.

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 W. A. Young (M. D. or other)
Address 2316 Sperling Date signed 7/10/43

(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 3847 Page Boul, Registered Apprentice No. ....., working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.