

FILED DEC 29 1944

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Primary Registration District No. **1003**

Registrar's No. **10830**

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: **Homer G. Phillips Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **(7) years,** (Specify whether years, months or days)
In this community **(7) years,**

2. USUAL RESIDENCE OF DECEASED:

Missouri.
(a) State **Missouri,** (b) County **St. Louis,**
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")
(d) Street No. **3950 Enright,** (If rural, give location)
(e) Citizen of foreign country? **Born, In U.S.O.F.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13th**
year **1944.** hour **8:30** minute **P.** M.

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

3. (a) PRINT FULL NAME **Jessie J. Barker,**

3. (b) If veteran, name, war _____ 3. (c) Social Security No. **498-14-7270,**

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

6. (b) Name of husband or wife **Mrs. Glen Barker,** 6. (c) Age of husband or wife if alive **40** **1904.**

7. Birth date of deceased **April 6th** (Month) (Day) (Year)

8. AGE: Years **39** Months **8** Days **5** If less than one day hr. min.

9. Birthplace **Aberdeen, Mississippi.** (City, town, or county) (State or foreign country)

10. Usual occupation **Utility-man**

11. Industry or business **Domestic,**

12. Name **Jim Barker,**

13. Birthplace **Aberdeen, Mississippi.** (City, town, or county) (State or foreign country)

14. Maiden name **Josie King**

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

16. (a) Informant **Mrs. Fannie Thomas Wright** (b) Address **2713 Dickson, St. St. Louis,**

17. (a) **Shirley** (b) Date thereof **12/16/44** (City or town) (County) (State)
(Duration of removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Crawfordville**

18. (a) Signature of funeral director **2812, Thomas, St. St. Louis,**
(b) Address **2812, Thomas, St. St. Louis,**

19. (a) **DEC 19 1944** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

Immediate cause of death **Bowel Obstruction following uncauterated lesions of the sigmoid colon, ruptured outside of second string window** Duration
While leaving from a fire of 3950 Enright St. about 2:00 AM Dec. 10, 1944

Other conditions **None to Bl. \$2.50.00**
(Include pregnancy within 3 months of death)
Major findings: **Constipation 1000.00**
Of operations **18.5**
Of autopsy **19.5**

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) **Accident**

(b) Date of occurrence **Dec 10 1944**

(c) Where did injury occur? **at home** (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) (b) Means of injury **from**

23. Signature **Alfred Perry** (M. D. or other)
Address **1000** Date signed **12/23/44**

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

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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.....

Licensed Embalmer No. *41874*

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.