

Registration District No. **318**

Primary Registration District No. **1003**

590

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:
4140 HARTFORD 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

3. (a) PRINT FULL NAME JANE BARKER

3. (b) If veteran, name war NO
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 JANUARY 29 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace DALLAS TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business _____

MOTHER FATHER {
12. Name GEORGE BARKER
13. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name JANE KELLY
15. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. C. PARROTT
(b) Address 4140 Hartford St.

17. (a) BURIAL (b) Date thereof JAN 22 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Ave

19. (a) JAN 20 1945 (Date received local registrar)
J. F. Zedek (Registrar's signature)

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. 3440 EADS AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1945 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from 12/29
_____, 1944, to Jan 18, 1945;
that I last saw her alive on Jan 5th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 3 Mon

Due to of breast 2 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) 50

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 P. S. Hinkle (M. D. or other)
Address 1514 S. Jefferson Date signed 1/20/45

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.....

Joe B. Vollmer

Licensed Embalmer No.....

4014

P. O. Address.....

St Louis Mo 4.

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.