

FILED MAY 26 1945

Registration District No. **318** Primary Registration District No. **1003**

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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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Velma Irene Barfoot

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

4. Sex Female **5. Color or race** W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floyd Barfoot **6. (c) Age of husband or wife if alive** 48 years

7. Birth date of deceased Oct. 15th, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Halls, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hiram Ashford

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

14. Maiden name Cora Greenway

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

16. (a) Informant Floyd Barfoot

(b) Address 4383 Penrose St.

17. (a) ~~Place of burial~~ Penrose **(b) Date thereof** 5-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halls, Tenn.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) MAY 15 1945 **(b) J. F. Buddeck**
(Date received local Registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 210

(d) Street No. 4383 Penrose St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 13th.
year 1945 hour 12.18 minute P. M.

21. I hereby certify that I attended the deceased from October 1, 1944 to May 13, 1945
that I last saw her alive on May 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of left lung?
Ca of Rt Breast?

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Physician

Duration _____

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? _____

23. Signature Miss M. E. Blair (M. D. or other) 141

Address 4356 N. Arner **Date signed** 5/14/45

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. 1578

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.