

FILED DEC 7 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10427

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

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:
Quincy to Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life 3
years, months or days

3. (a) PRINT FULL NAME Alice Barrilla

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 65 - - - hr. min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Crump

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

14. Maiden name Selena Wordy

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

16. (a) Informant Hazeldell Saunders

(b) Address 4359 Labadie Avenue

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address 3100 Franklin Avenue

19. (a) DEC 1 1945 (b) J. F. Bredeek
(Date of local recording) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 90

(d) Street No. 4359 Labadie Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1945
November, 1945 to November 26, 1945
that I last saw him alive on Nov. 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Parenchymatous Nephrosy due to infection

Due to _____

Due to _____

Duration about 2 yrs

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: 7/31

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature D. P. Key (M. D. or other) D
Address 4 So. Carlton Ave. Date signed 11/30/45

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 *John H. Peters*

Licensed Embalmer No. *41184*

P. O. Address *A. Lewis, 7000*

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.