

FILED FEB 3 1946
Registration District No. 3186

Primary Registration District No. 1003

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 St. Johns Hosp. 0
(If not a hospital or institution, write street number or location)
(d) Length of stay: 2 Days In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Irvin Barker
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 25 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ by _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Paul E. Barker
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Petty Louise Ingleton
15. Birthplace Dev Loge Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Barker
(b) Address 1043 Graham Ave.

17. (a) Burial (b) Date thereof Jan 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4457 Washington Blvd

19. (a) JAN 30 1946 (Date received local registration)
J. P. Bredect (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 817
(If outside city or town limits, write "RURAL")
(d) Street No. 1043 Graham Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 29th
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 25th to Jan 29th
1946, to Jan 29th 1946
that I last saw him/her alive on Jan 28th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Duration _____
Due to _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature N. Woodall (M. D. or other) MA
Address 4457 Washington Blvd Date signed Jan 30 1946

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

4143
M. Pharis

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 Ketter
Licensed Embalmer No. 3880

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.