

No. 2
12-45
8-17-39
X47070

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34725**
Registrar's No. **3176**

FILED NOV 30 1946

Registration District No. **37** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 9-16-46**
(Specify whether years, months or days) **3 Years**

3. (a) PRINT FULL NAME **BARHAM, Hafford (NMI)**
3. (b) If veteran, name war **WW-2** 3. (c) Social Security No. **114-09-6921**

4. Sex **male** 5. Color or race **negro** 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 **February 9 1913**
(Month) (Day) (Year)

8. AGE: Years **33** Months **8** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Carroll County, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Packing House employee**

11. Industry or business _____

MOTHER FATHER
12. Name **Birt Barham**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Birdie Elam**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Shipped** (b) Date thereof **10-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Milan, Tenn.**

18. (a) Signature of funeral director **A. L. Beale Und. Co.**

(b) Address **2726 Lucas, St. Louis, Missouri**

19. (a) **10-29-46** (b) **Arthur Allen MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Gas**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL.") **17**
(d) Street No. **4104 Cook Avenue** **9**
(If rural, give location) **1**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1946** hour **12:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **September 16**, 19 **46** to **October 28**, 19 **46**
that I last saw h **im** alive on **October 28**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **LYMPHATIC LEUKEMIA, ACUTE** Duration **UNK.**
Due to _____
Due to _____

Other conditions: **PERITONSILLAR ABSCESS, RT.** **UNK.**
(Include pregnancy within 3 months of death)

Major findings: **No Operation** **PHYSICIAN**
Of operations _____
Of autopsy **Autopsy Performed (See cause of death)**
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) **no**
(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 **L. E. Stilwell, M.D.** (M. D. or other) **0**
While at work? **L. E. Stilwell** Means of injury _____
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **10-28-46**

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

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46

NOV 9 1971

EMRI

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 *Lawrence E. Woodson*
Licensed Embalmer No. *4341*
P. O. Address *St Louis 13 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.