

FILED MAR 14 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution:
St. John's Hospital *0*
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... *aaa*

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

(d) Street No. **5084a Enright Ave.**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **John A. Barr**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Child** *0*

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **August 12 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days **5 6 21** If less than one day
hr. min.

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

10. Usual occupation **Child**

11. Industry or business.....

MOTHER FATHER { 12. Name **James W. Barr** *0*

13. Birthplace **Dixon Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nina Coleman**

15. Birthplace **Black Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Wall**

(b) Address **4833 Labadie Ave.**

17. (a) **Burial** (b) Date thereof **3-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Big Piney, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 4 1947** (b) **J. F. Bebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1947** hour **1** minute **00 P** M.

21. I hereby certify that I attended the deceased from
2/27/47 19... to **2/1/47** 19...
that I last saw him alive on **3-1-47** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic nephritis**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

2 days

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) (c) Means of injury.....

23. Signature **J. F. Bebeck** (M. D. or other)
Address **Humboldt Bldg** Date signed **3/5/47**

APR 2 1947

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*
P. O. Address..... *St Louis 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.