

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947
306

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10411**
Registrar's No. **274**

Registration District No. _____

Primary Registration District No. **6048**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **O'Fallon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(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

3. (a) PRINT FULL NAME **Warren A. Barebo**
(b) If veteran, name war **no**
(c) Social Security No. **497-01-1972**

4. Sex **M** race **W**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **Lillian Barebo**
(c) Age of husband or wife if alive **60** years
7. Birth date of deceased **June 21 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **O'Fallon Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Barebo**
13. Birthplace **Lincoln Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucas**
15. Birthplace **O'Fallon Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosella Moorhead**

(b) Address **O'Fallon Mo.**

17. (a) **Burial** (b) Date thereof **3-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **O'Fallon Mo.**

18. (a) Signature of funeral director **E. R. Keith**

(b) Address **O'Fallon Mo.**

19. (a) **3-25-47** (b) **G. A. Richey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Charles**
(c) City or town **O'Fallon**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22th**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I ~~examined~~ **viewed the**
body on March 22, 1947
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **hypertensive cardiac**
vascular disease **5 yrs**

Due to _____

Other conditions **bronchial asthma** **20 yrs.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

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 **3**

23. Signature **Marion Marching** **Corones**

Address **Wentzville, Mo.** Date signed **3-22-47**

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-4-44

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.....

E. K. Keithly

Licensed Embalmer No.....

822

P. O. Address.....

Hallen G. M.

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.