

FILED OCT 7 1947

Registration District No. **116**

Primary Registration District No. **3020**

Registrar's No. **127**

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five days
(Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Franklin
(c) City or town St. Clair, mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT LEROY BARBAUD

3. (b) If veteran, name war X 3. (c) Social Security 498-22-3813

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Barbaud 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. 9 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 15
If less than one day hr. min.

9. Birthplace St. Clair mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business International Shoe Co.

12. Name Frank Barbaud

13. Birthplace St. Clair mo
(City, town, or county) (State or foreign country)

14. Maiden name Ella Cowan

15. Birthplace St. Clair mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Kellens

(b) Address St. Clair, mo.

17. (a) Burial (b) Date thereof 9/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truett Cem

18. (a) Signature of funeral director Cassey Lanox

(b) Address St. Clair, mo.

19. (a) 9/30/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1947 hour 4 minute 20 p.m.

21. I hereby certify that I attended the deceased from 8.23 to 9.24, 1947
that I last saw him alive on 9.24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration 1 Mo.

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy

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 0

23. Signature J. H. Lenny (M. D. or other) md

Address Union, Mo Date signed 9.26.47

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

26
6
2

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date Filed 10-6-47

District File Number

District Health Officer No. 9,

RECEIVED

US
SEP
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 *R. M. Lerot*
Licensed Embalmer No. 3601
P. O. Address St. Clair, 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.