S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32303
Registrar's No. 8605

1. PLACE OF DEATH:
(a) County: ---
(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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Hours (Specify whether years, months or days)
In this community: 5 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Madison
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Woodlawn Ave. Wood River Twp. N.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Darrell Eugene Barber
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
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: September (Month) 8 (Day) 1947 (Year)

8. AGE: Years: ---- Months: ---- Days: 2 If less than one day: hr. min.

9. Birthplace: Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

MOTHER
12. Name: Arthur Louis Barber
13. Birthplace: Fruit Station, (City, town, or county) Illinois (State or foreign country)

FATHER
14. Maiden name: Mary Louise Large
15. Birthplace: Beardstown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Arthur Louis Barber
(b) Address: P.O. Box 136 East Alton, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Wood River, Illinois
18. (a) Signature of funeral director: Robert J. Streeper
(b) Address: 2521 Edwards St. Alton, Ill.
19. (a) SEP 12 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September Day: 10 Year: 1947 Hour: 5 Minute: 00 P.M.

21. I hereby certify that I attended the deceased from 9-10, 1947, to 9-10, 1947; that I last saw him alive on 9-10, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Erythroblastosis Fetalis
Due to:
Due to:
Other conditions (include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: Hepatomegaly, Splenomegaly

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: (M. D. or other)
Address: Date signed:

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.