No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947 #77441

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32305

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9009

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Good Fellow 9
(If rural, give location)

Memorial 0

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

If yes, name country

3. (a) PRINT FULL NAME VIRGINIA BARHAM

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

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

7. Birth date of deceased OCTOBER (Month) 6-1876 (Day) ~~1886~~ (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name JAMES WILLIAMS
13. Birthplace — (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name — MOUNT
15. Birthplace — (City, town, or county) TENN (State or foreign country)

16. (a) Informant MRS. WENTE
(b) Address 917 GOOD FELLOW

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation JOHNSON City, ILLS

18. (a) Signature of funeral director Jos. W. CLARK
(b) Address 1125 HODIAMONT AVE

19. (a) SEP 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
year 1947 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 9/11/47
19 to Sept. 25th 1947
that I last saw him or alive on Sept. 25th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile psychosis	
Due to: generalized arteriosclerosis	
Due to	
Other conditions: chronic cholecystitis (Include pregnancy within 3 months of death)	
Non-calculous	
Major findings: Of operations	
Of autopsy	

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 G. Rich / Alten (M. D. or other) M. D. O

Address 1515 Lafayette Date signed 9/25/47

G. Rich- -Dr Stein

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

6006

Embalmers separate Cert. filed.

SEP 27 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.....

Licensed Embalmer No.....

P. O. Address.....

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.