V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33266

Registrar's No. 1929

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4101 Washington 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME BARLOW, John R.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. 495-22-6699
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Rose Barlow
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased 7/6/1919 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	2	5	hr. min.

9. Birthplace Monette (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Die Filer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar, Vet. Admn. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Nettleton, Ark.
18. (a) Signature of funeral director C. Hoffmeister U & L Co.
(b) Address 7814 So. Broadway, St. Louis, Mo.
19. (a) 9-13-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1947 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from Aug. 17, 1947, to Sept. 11, 1947;
that I last saw him alive on Sept. 11, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Esophageal hemorrhage passive

Due to Cirrhosis of liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy Autopsy performed
(See cause of death)

Duration

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) No
(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 0
23. Signature L. E. STILWELL (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 9/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 2 1948

FEB 15 1951

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.