

FILED MAR 22 1948 7

Primary Registration District No. 6076

Registrar's No. 212

1. PLACE OF DEATH: St. Louis

(a) County: St. Louis

(b) City or town: Kinloch, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 547 Scott
(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: MO. (b) County: 96

(c) City or town: Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No.: 547 Scott
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Eliza Barr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 6 minute 30 P.M.

4. Sex: Female Color or race: Colored

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: June 1, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-8-48, 1948, to 3-10-48, 1948, that I last saw her alive on 3-10-48 and that death occurred on the date and hour stated above.

Immediate cause of death: Contracted cold

Duration: about 10 days

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

Due to: Contracted cold

Due to: 106

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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

10. Usual occupation: Unemployed

11. Industry or business: _____

12. Name: Unk.

13. Birthplace: Unk.
(City, town, or county) (State or foreign country)

14. Maiden name: Unk.

15. Birthplace: Unk.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant: Roberta Thomas

(b) Address: 1011 Walton

17. (a) Burial (b) Date thereof: 3-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakdale Cemetery

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: _____

18. (a) Signature of funeral director: E. B. Hoance

(b) Address: 1221 N. Grand Blvd.

19. (a) 3-13-48 (b) Carley Shaffer
(Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other) _____
Address: [Address] Date signed: 3-12-48

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

MOTHER FATHER

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

Theodore J. Vandell

Licensed Embalmer No. *04343*

P. O. Address *14 Wagonville*
Metairie, La.

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.