

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

2
45
-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1948

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 33897
Registrar's No. 9454

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks
(Specify whether _____)
In this community 10 yrs.
years, months or days Barclay

3. (a) PRINT FULL NAME ANNA E Barclay
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 3 29 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 2 hr. _____ min.

Birthplace Rathmel Penna
(City, town, or county) (State or foreign country)

Usual occupation Clerk
Industry or business US Post

2. Name William Barclay

3. Birthplace Edinburg Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Jean Martin
Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)

(a) Informant Mary Barclay
(b) Address Wellesley, Mo

1. (a) Removal Removal (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Penna

(a) Signature of funeral director Reynolds Mortuary Source

(b) Address 4104 Manchester

19. (a) NOV 1 (b) J. B. Jasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5027 E. Douglas
12 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 130
year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 16 1948 to Oct 29 1948
that I last saw her alive on Oct 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Splenic Flexure
Total obstruction bowel
due to initial anguilation
Duration ?

Due to _____
Other conditions HB
(Include pregnancy within 3 months of death)

Major findings: Obstruction bowel at splenic flexure - carcinoma
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Black (M. D. certified)
Address 705 N. 7th Highway Date signed 10/30/48

9451

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 *J Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *Theriot 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.

OFFICE
CLOSED
2-10-48

FRANK R. MURRAY

JUSTICE-OF-THE-PEACE

INSURANCE OF ALL KINDS

REYNOLDSVILLE, PENNA.

Personally came before me A Justice of the Peace At Reynoldsville.
Jefferson County Pennsylvania Miss Marye Barclay Of R D 2 Reynoldsville
Her being a SISTER OF ANNA E BARCLAY Who died October 30 . 1948 at
The purpose of this Affidavit to to prove and correct the spelling
Of the last name BARCLAY WHICH SHOULD READ ANNA E. BARCLAY
and thatt she desires the name corrected REG NO 9454

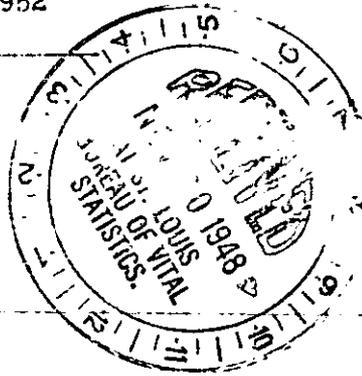
Sworn to this 29 th day of November 1948

By M ary e BARCLAY
Before Frank R M rray
Justice of the Peace

Marye Barclay

Reynoldsville Penna
My Commission expires 1st Mon Jan 1952

Frank R Murray



S-33897

1944

1944