

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-038265

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9415 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b  
 c. CITY OR TOWN Berkeley Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 6826 Larry Lane. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
John Wesley Barr October 10, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/17/1917 9. AGE (last birthday) 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer 10b. KIND OF BUSINESS OR INDUSTRY Contracting 11. BIRTHPLACE (City and state or country) Czar, Missouri. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Arley Barr 13b. MOTHER'S MAIDEN NAME Amie Neff 14. NAME OF HUSBAND OR WIFE Bertha Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 17. INFORMANT Address Bertha Barr, 6826 Larry Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage. INTERVAL BETWEEN ONSET AND DEATH  
 DUE TO (b)  
 DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him live on \_\_\_\_\_  
 Death occurred at 6:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nelson L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 10-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-13-61 23c. NAME OF CEMETERY OR CREMATORY Czar Cemetery 23d. LOCATION (City, town, or county) (State) Czar, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd. 25. DATE RECD. BY LOCAL REG. OCT 11 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley H. Aids

Licensed Embalmer No. 4193

P. O. Address H. P.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.