MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

File No. 3229

Registered No. 447

1. PLACE OF DEATH

County St. Louis Registration District No. 1

Township Primary Registration District No. 1

City St. Louis (No. 5728 So Grand Blvd St. Ward)

2. FULL NAME Jefferson L. Barr

(a) Residence. No. 5728 So Grand St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jefferson Barr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alia Blaeberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Jefferson Barr
(Address) 5728 So Grand Bl

15. JAN 12 1931 FILED, 19 Mary C. Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931

17. I HEREBY CERTIFY, That I attended deceased from January 2, 1931, to January 11th, 1931, that I last saw him alive on January 11th, 1931, and that death occurred, on the date stated above, at 10 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entire right lung
10 d Acute Lobar Pneumonia
6 d

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) General Emaciation, Respiratory failure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Chas Bishop Pinckney, M. D.

Jan 12, 1931 (Address) 3534 Shenandoah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo Crematory — DATE OF BURIAL Jan 14 1930

20. UNDERTAKER Hauck and Schmitt — ADDRESS 3732 S Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD