

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1003

12605  
Do not use this space.  
3209

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County ..... Registration District No. **1003**

(b) Township ..... Primary Registration District No. ....

(c) City **St. Louis** (d) Street No. **2601** N Whittier St.

(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles Barefield 614**

(a) Residence, No. **5546 Easton** St. **6** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 9, 1895**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ..... hrs. or ..... min.
	<b>43</b>	<b>1</b>	<b>22</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**

9. Industry or business in which work was done, as saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER

13. NAME **Tony Barefield**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER

15. MAIDEN NAME **Nancy Spiller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis, Ill** DATE **4/7,** 19**38**

19. FUNERAL DIRECTOR **R. M. C. Green** (ADDRESS) **3517 Laclede Ave.**

20. FILED **APR 5 1938** **J. B. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **December 16, 1937** to **April 1, 1938**

I last saw him alive on **April 1, 1938**. Death is said to have occurred on the date stated above, at **6:50p.m.**

The principal cause of death and related causes of importance were as follows:

**Pulmonary tuberculosis**

Date of onset **12/16/37**

Other contributory causes of importance: **73**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **1**  
If so, specify .....  
(Signed) **[Signature]** M. D.  
(Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, April 4, 1938.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed R. M. C. Green

Licensed Embalmer No. 1173

**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.)**