

St Louis Maternity Hospital

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

REC'D MAY 10 1938

13305
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1002**
(c) City **Saint Louis, Missouri** (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. **3909**

2. PRINT FULL NAME

Infant Barbour
(a) Residence, No. **Valley Park, Missouri** St. **WR**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-25-38**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) **Saint Louis, Missouri** (STATE OR COUNTRY)

13. NAME **Charles Munger Barbour**

14. BIRTHPLACE (CITY OR TOWN) **Carbondale, Ill.** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Gould**

16. BIRTHPLACE (CITY OR TOWN) **Ferguson, Missouri** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Chas. Munger Barbour Valley Park Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wash. Mem. DATE 5-6 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Dept of Pathology**

20. FILED **APRIL 27 1938 J.F. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 25 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 25 1938** to **Apr 25 1938**.
I last saw her alive on **Apr 25 1938**. Death is said to have occurred on the date stated above, at **9:50 A.M.**

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

Stillborn

Date of onset **Apr 25**

Other contributory causes of importance: **Pre-eclampsia in mother**

Name of operation Date of
What test confirmed diagnosis? 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? **no**
If so, specify

(Signed) **J. H. Brown** M. D.
(Address) **630 So. Kingshighway Blvd**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)