

## PEOPLES HOSPITAL

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

13406

Do not use this space.

4010

DEC'D MAY 10 1938

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis

Registration District No. 791  
 Primary Registration District No. 1003

Registered No. 4010

(d) Street No. 3449 Pine St.  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa Barbour 616

(a) Residence, No. 3954 Winney St. 11  
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 - 1 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress  
 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) Kentucky  
 (STATE OR COUNTRY)

FATHER 13. NAME George Barbour

14. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mattie Scott

16. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

17. INFORMANT Everest Barbour  
 (ADDRESS) 3954 Winney Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 5/1/1938

19. FUNERAL DIRECTOR C. W. Roberts  
 (ADDRESS) 3035 L... A...

20. FILED APR 29 1938 J. D. Biedeck  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 25<sup>th</sup> 193822. I HEREBY CERTIFY That I attended deceased from 4 - 12<sup>th</sup> 1938 to 4 - 25 - 1938

I last saw her... alive on April 15 - 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Unknown

Other contributory causes of importance: 108

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 Working at Winney Ave. M. D.  
 (Signed) W. H. D. Johnson  
 (Address) 3100 of Winney Ave.

STATEMENT BY LICENSED EMBALMER

I, Chas. Garies....., Licensed Embalmer No. 2349

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Chas. Garies.....

Licensed Embalmer No. 2349

**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.)**