

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23291
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Missouri (d) Street No. Firmin Desloge Hospital 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis E. Barbier

(a) Residence, No. 8229 Midland Ave St. MR Verita Park Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie M. Barbier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Painter</u>	
	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) <u>1937</u>	11. Total time (years) spent in this occupation <u>27 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co., Mo.</u>		
FATHER	13. NAME <u>Steve Barbier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Yates</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co., Mo.</u>	
17. INFORMANT <u>Mrs. Nellie M. Barbier</u> (ADDRESS) <u>8229 Midland Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crosstown Missouri</u> DATE <u>July 5, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Albert E. Hoppe Inc.</u> (ADDRESS) <u>429 N. Euclid Ave.</u>		
20. FILED <u>JUL 4 1938</u> <u>J. F. Budick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to July 2, 1938
 I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis { Chol. 1937
Uremia
131
 Other contributory causes of importance:
Chronic Emphysema
Chr. Emphysema from old plural effusion
 Name of operation non-sterile
 What test confirmed diagnosis? All 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? No.
 If so, specify _____
 (Signed) J. B. Brennan M. D.
 (Address) 408 Humboldt Bldg.

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

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

Signed.....

J. L. Sullivan

Licensed Embalmer No..... *1122*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.