R 22 1939 DEC'D MAR 23 1939

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

7877
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township ~~Clayton~~ Primary Registration District No. 200 Registered No. 526
(c) City ~~Clayton~~ Wellston (d) Street No. 6720 Page Ave. 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 Edna E. Barbour.
(a) Residence, No. 6729 Schofield Ave. St.
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1893.

7. AGE: YEARS 45 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. at Home.
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) Fairfield, Illinois.

FATHER
13. NAME Wm. H. Harrison.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield, Illinois.

MOTHER
15. MAIDEN NAME Martha Pilsher.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield, Illinois.

17. INFORMANT (ADDRESS) Mr. Carroll V. Barbour. 6729 Schofield Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee. Fee Cem. DATE March 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave. 7070

20. FILED MAR 22 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.60 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by an automobile while a pedestrian on a public highway.	3/19/39
Other contributory causes of importance:	
Basal fracture of the skull. Subarachnoid hemorrhage.	3/19/39

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/19/39
Where did injury occur? Wellston, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury public place
Nature of injury struck by auto fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John D. Lowell M.D.
(Address) Coroner of St. Louis County, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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