

0376 APR 12 1939

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

8621
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 2386
 (c) City St. Louis (d) Street No. City Hospital No. 1 St. 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

Lilly Barber
 (a) Residence, No. 928 North 13th St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Frank Barber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. My father
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel
 10. Date deceased last worked at this occupation (month and year) nil 11. Total time (years) spent in this occupation nil

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Missouri

FATHER 13. NAME Mr. Knauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mr. Knauer

MOTHER 15. MAIDEN NAME Mr. Knauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mr. Knauer

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE 10-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) My Father and Co
1417 N. Douglas St.

20. FILED MAR 19 1939 J. D. Beedee
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/8/39 1939 to 3/11/39 1939
 I last saw her alive on 3/11/39 1939 Death is said to have occurred on the date stated above, at 5.35 a

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

My father
Hotel pneumonia
 Date of onset 3/11/39
 Other contributory causes of importance: nil

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

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

Manner of injury nil
 Nature of injury nil

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify nil
 (Signed) J. D. Beedee, M.D.
 (Address) City Hospital No. 1

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 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 Walter L. Ronder

Licensed Embalmer No. 33167

P. O. Address 2223 St. Louis

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.