

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1000 **REC FEB 17 1940**
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
 3. (a) PRINT FULL NAME Robert T. Barber
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary B. L. Barber 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased June 7, 1898
 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Advertising

11. Industry or business Mail

12. Name James Wilson Barber
 13. Birthplace Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Sara Jane Turner
 15. Birthplace Mt. Carmel, Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary B. Barber
 (b) Address 5931 Maple Ave.

17. (a) Removal (b) Date thereof 1-19-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel, Ill.

18. (a) Signature of funeral director Alexander's Sons
 (b) Address Belmar Blvd.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5931 Maple Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 18
 year 1940 hour 3 minute 26 PM.

21. I hereby certify that I attended the deceased from January 6, 1940 to January 18, 1940;
 that I last saw him alive on January 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis diverticulosis
Perforating diverticulum of the ileum
Non-malignant
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 123
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature M. Anderson (M. D. or other)
 Address Barnes Hospital Date signed 1-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

Albert E. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed *J. Wm. Bentley*.....
Licensed Embalmer No. *3653*
P. O. Address: *Saint Louis, Mo.*

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.