4673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1503

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution January 19, 1939 (Specify whether
In this community 55yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Foreign. years.

3. (a) PRINT FULL NAME 6/6 Elvira Barbieri

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 15, (Day) 1855 (Year)

8. AGE: Years 86 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Sicily. (City, town, or county) Foreigner (State or foreign country) 7

10. Usual occupation No Occupation 8

11. Industry or business X 1

FATHER
12. Name John Barbieri, 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) FEB 14 1940 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26, year 1940. hour 2:30 minute p. M.

21. I hereby certify that I attended the deceased from January 1, 1939, to January 26, 1940. that I last saw her alive on January 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative Heart Disease	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy same	

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 Geo. S. Bogalia M.D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USE CARTRIDGE

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.

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

Signed Raymond E. Gehrke

City license #180

Licensed Embalmer No. 3985

P. O. Address St Louis, Ma

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

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