No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23977

Registrar's No. 6422

1. PLACE OF DEATH:

(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, 16
(If outside city or town limits write "RURAL")
(d) Street No. 4063 Connecticut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carrie Barbour 616

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 August (Month) 18 (Day) 1859 (Year)

8. AGE: Years 80. Months 11. Days 12. If less than one day hr. min.

9. Birthplace Quincy, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business At Home.

MOTHER FATHER

12. Name James C. Barbour.
13. Birthplace unknown. (City, town, or county) (State or foreign country)
14. Maiden name Abigail (unknown).
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant O. H. May
(b) Address 4063 Connecticut

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-31-1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUL 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30 day 1940. year about 6.00 hour A.M. minute M.

21. I hereby certify that I attended the deceased from 1934 to 7-30-1940. 19; that I last saw her alive on July 29, 1940 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocaritis	
Chronic Nephritis	1934
Due to	plus
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Generalized Arterio-scleriosis	

Major findings:
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 Rudolf G. Smith (M. D. or other)
Address 5205 Chippewa St. Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Herman S. Simon
5205 a Chippewa
Flanders 5200

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St 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.