

Registration District No. **7917**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3647 Fillmore
(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

8. (a) PRINT FULL NAME Mrs. Barbara C. Storr

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 73 years
George A. Storr

7. Birth date of deceased Sept. 1 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 15 If less than one day
hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Louis Zika

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Barbara Weyer (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hildegarde Storr

(b) Address 3647 Fillmore

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6320 S. Grand Ave.

19. (a) DEC 18 1940 (b) J. T. Meade
(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. 3647 Fillmore
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1940 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from June 15
1936, to December 16, 1940
that I last saw her alive on December 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour
Due to Essential Hypertension 8 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify name of place) (Means of injury)

23. Signature J. T. Meade (M. D. or other) MD
Address 3548 S. Grand Date signed 12/16/40

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

MOTHER FATHER

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 _____

Raymond Hermann, Registered Apprentice No. 275
working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

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.