

2002
No. 2
4-13-40
5-17-39
I X23159

FILED FEB 25 1941

1003

Registration District No. 701

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME David Barron

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 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 October 20th, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 19 _____ hr. _____ min.

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

10. Usual occupation Retired Retail Grocer.

11. Industry or business _____

MOTHER FATHER { 12. Name James Barron.
13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)
14. Maiden name Don't know.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. P. Barron.
(b) Address 6170 Pershing Ave.

17. (a) Burial (b) Date thereof Jan. 10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd. #1111

19. (a) JAN 9 1941 (b) J. J. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis. 11 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3639 Cottage Ave. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8.
year 1941 hour 10:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 3, 19 41 to January 8, 19 41
that I last saw him alive on January 8, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to _____
Due to _____

Other conditions Psychosis, Type undetermined.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) _____
(Specify type of place) _____ (Days of injury) _____

23. Signature W. M. D. (M. D. or other) 0
Address 1515 Lafayette Ave., Date signed 1/9/41

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.....

W. Van Meter

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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, fact should be so stated above.