

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9291**
Registrar's No. **2701**

Registration District No. **791** Primary Registration District No. _____

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:
3653 Folsom Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **200**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **6203 Gravois Ave.**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **life** years **0**

3. (a) PRINT FULL NAME **Emma Barringer**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **24**
year **1941** hour **8** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **Mar. 3**
1941 to **Mar. 24**, 19**41**
that I last saw him alive on **Mar 24**, 19**41**
and that death occurred on the date and hour stated above.

4. Sex **Female**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **William R. Barringer**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 22nd 1872**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Apoplexy**
Due to **Arterio sclerosis**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

8. AGE: Years **68** Months **7** Days **2**
If less than one day hr. _____ min. _____

9. Birthplace **Edwardsville / Ills**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **home**

12. Name **John Dickerson**

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

14. Maiden name **unknown**

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

16. (a) Informant's own signature **William Toruachon**
(b) Address **3653 Folsom Ave**

17. (a) **burial** (b) Date thereof **Mar. 27th. 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Burial Park Bellefontaine Ills**

18. (a) Signature of funeral director **Henry J. Steudsmueller**
(b) Address **6203 Gravois Ave.**

19. (a) **MAR 26 1941** (b) **J. J. Brudick**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury **3**

23. Signature **Ed M. Collins** (M. D. or other) _____
Address **3612 Lafayette** Date signed **3-25-41**

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.....

Albert G. Happe

Licensed Embalmer No. 2971

P. O. Address.....

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.