No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16269

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3787

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

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: McKinley Hotel / 12th & Delmar Blvd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1726

(d) Street No. 109 North 12th St. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William E. Barclay

3. (b) If veteran, name war No

3. (c) Social Security No. 491-16-7920

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Helena Barclay

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 21 (Day) 1869 (Year)

8. AGE: Years 76 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

MOTHER FATHER

12. Name James Barclay

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

14. Maiden name Margaret Keane

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

16. (a) Informant Edward Barclay

(b) Address 5755 Riverview Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 3 1941 (Date received local registrar) (b) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-1-38, 19..., to 5-2, 19..., that I last saw him alive on 5-1, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death (a) Myocarditis (b) Nephritis

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. K. Gaw (M. D. or other)

Address 2769 Park Date signed 5-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46 00 Nott Bridge a

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, fact should be so stated above.