

FILED APR 17 1942
Registration District No. 191

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3201

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

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1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis

(c) Name of hospital or institution: Desloge Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 das.
(Specify whether In this community _____ years, months or days)

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. 1102 McCansland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME FRED C. BARBEAU

3. (b) If veteran, name war None

3. (c) Social Security No. 498-10-2902

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1942 hour 7 minute 00 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Engler

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 27th 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1941 to April 6 1942
that I last saw him alive on April 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 6 9 hr. min.

Immediate cause of death Rupture of myocardium ?
Due to Acute Coronary Occlusion 5 days

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

10. Usual occupation Construction Foreman

Due to Hypertensive Vascular Disease ?
Other conditions None 9th
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Barbeau

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

14. Maiden name Anna Stanfenble

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

Major findings: _____
Of operations _____
Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. F. C. Barbeau

(b) Address 1102 McCansland St. St. Louis

17. (a) Burial (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Belleville

18. (a) Signature of funeral director Walter A. Beyman

(b) Address 120 N. ILL. Belleville Ill

19. (a) APR 2 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature E. Lee Schrader (M. D. or other) _____
Address 3720 Washington Date signed 4/7/42

Embalmer's Separate Cert to be printed

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.....

Licensed Embalmer No.....

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, fact should be so stated above.