7. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15950

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5147

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:
Desloge Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Desloge Hospital
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Barkley, Lillian

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 9th., 1926 (Month) (Day) (Year)

8. AGE: Years 15 | Months 9 | Days 3 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Barkley
13. Birthplace (City, town, or county) Mo. D (State or foreign country)

MOTHER
14. Maiden name Esther Hanod
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. John Barkley
(b) Address Winona, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Winona Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 13 1942 (Date received local registrar) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day twelfth year 1942 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 1st, 1942 to June 12th, 1942 that I last saw her alive on June 11th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	7 Days
Due to Rheumatic Heart Disease	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None performed
Of autopsy Above confirmed

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) No
(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 [illegible] (M. D. or other) M.D.
Address 1325 So. Grand Date signed 6/12/42

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.