. No. 2
—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 191

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

19358

State File No. 5517

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 mo. 20 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 17 2/9

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

(d) Street No. 2730a Mills St.
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert Barber

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 2

5. Color or race colored

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 25th 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	6	1	hr. min.

9. Birthplace Perbel (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Charles Barber
13. Birthplace Perbelm Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Nellie Capps
(b) Address 2728 Mills St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3635 Lucas ave

19. (a) JUN 29 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26, year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 6 1942 to June 26, 1942; that I last saw him alive on June 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 0

23. Signature S. E. Smith (M. D. or other)
Address 2601 N. Whittier Date signed 6-27-42

(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.....

Myself, Registered Apprentice No.....

working under my personal supervision.

Signed William Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar G

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.