S. No. 2
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ev. 5-17-39
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FILED FEB 4 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 873

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: DEPAUL HOSPITAL, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 4100A MINNESOTA AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHRISTINE BARBEAU.

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-10-9157

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 17 (Day) 1891 (Year)

8. AGE: Years 51 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation SEAMSTRESS.

11. Industry or business

FATHER
12. Name ANDREW BARBEAU.
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCY TAEBEAU.
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Barbeau
(b) Address 4100A Minnesota Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) JAN 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26.
year 1943 hour 3 minute 03 p.M.

21. I hereby certify that I attended the deceased from Oct 17, 1942 to Jan 26, 1943
that I last saw her alive on Jan 20, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of glands in neck	3 mo.
Due to Carcinoma Some place	
Due to in Body.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of glands in neck
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

23. Signature Henry A. Hassell (M. D. or other)
Address 607 N. Grand Bl. Date signed 1-28-43

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3121 Lafayette Ave

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.