V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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FILED JAN 26 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

R. E. Barlow 30

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 530

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: 5875 Clemens Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5875 Clemens Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Royce E. Barlow

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Essie D. Hunt

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1875 (Year)

8. AGE: Years 67 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Hastings, Mich. (City, town, or county) / (State or foreign country)

10. Usual occupation Chemist

11. Industry or business Public Service Co.

FATHER
12. Name Nathan Barlow
13. Birthplace Cantinago, (City, town, or county) N. Y. / (State or foreign country)

MOTHER
14. Maiden name Hannah McNair
15. Birthplace Kent (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Essie D. Barlow
(b) Address 5875 Clemens Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander + Sons Inc
(b) Address 6175 Delmar Blvd., St. Louis, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour 8 50 minute P. M.

21. I hereby certify that I attended the deceased from December 26th, 1942, to January 17, 1943
that I last saw him alive on January 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure decompensation — Duration 1 mo +

Due to Aortitis and Aortic regurgitation — many years

Due to Not known

Other conditions None
(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

23. Signature J. Fred W. Clark (M. D. ~~or other~~) M.D.
Address 864 Hamilton Blvd. St. Louis Mo. Date signed 1-18-43

(Licensed Embalmer's Statement on Reverse Side)

#8

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. E. McCullock

Licensed Embalmer No. 2460

P. O. Address 6130 Delmar

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.