

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME GEORGE BARBEE.

3. (b) If veteran, - name war - 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathilda Morgan 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 11 (Month) 6 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>10</u>	hr. <u>-</u> min. <u>-</u>

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

10. Usual occupation Salesman

11. Industry or business --

MOTHER FATHER

12. Name Hypolite Barbee

13. Birthplace ----- 5 France
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Angel

15. Birthplace Franklin County 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 11-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem

18. (a) Signature of funeral director Dr. Max A. Haral

(b) Address 1905 Union Blvd.

19. (a) NOV 17 1944 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis.

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

(d) Street No. 5550 Maple, Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th; year 1944 hour 8:15 minute P.M.

21. I hereby certify that I attended the deceased from February 24th; 1944 to November 16, 1944; that I last saw him alive on November 16th; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration -----

Due to -----

Due to -----

Other conditions Regenerative heart disease; senility
(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 Dr. Max A. Haral (M. D. or other) -----

Address 5800 Arsenal St. Date signed 11-17-44

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 *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

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.