

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

56
State File No. 1102
Registrar's No.

FILED FEB 27 1946
Registration District No. Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 1219 N Prairie, St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 N Prairie
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Herman Barbee
(b) If veteran, name war no
(c) Social Security No 48622-5481

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29
year 1946 hour 9 minute 15 P M.
21. I hereby certify that I attended the deceased from 1-26, 1946 to 1-29, 1946;
that I last saw h. alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex male 2 5. Color or race colored
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Albert Barbee
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Feb 24 1924
(Month) (Day) (Year)

Immediate cause of death.....
Far Advanced Pulmonary Tuberculosis 2 yrs
Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy Yes
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
21 11 5 hr. min.

9. Birthplace st Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Sacleda Stell co

12. Name Albert Barbee

13. Birthplace unknown A
(City, town, or county) (State or foreign country)

14. Maiden name Argonne

15. Birthplace st Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Marand

(b) Address 1219 N Prairie ave

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. J. Sireed

(b) Address 3615 Cedar ave

19. (a) FEB 1 1946 (b) J. F. Foredeck
(Date received local registrar) (Registrar's signature)

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?
While at work (Specify type of place) (e) Means of injury.....
23. Signature W. B. Bernard (M. D. or other) O
Address 2601 N Whittier Date signed 1/31/46

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

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