S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28819

State File No. 7641

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 4136 Natural Bridge 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 19

(d) Street No. 4136 Natural Bridge Ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Fannie Barboro

3. (b) If veteran, name war - - - - -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Vincent Barboro

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

7. Birth date of deceased Dec, 25th, 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Pierson McFern

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

MOTHER

14. Maiden name Mary Ann Holland

15. Birthplace Unknwon (City, town, or county) (State or foreign country)

16. (a) Informant Mrs, Alice Getz

(b) Address 4136 Natural Bridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) AUG 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 8 year 1947 hour 1 minute 10p M.

21. I hereby certify that I attended the deceased from July 20, 1947, to Aug 8, 1947, that I last saw her alive on Aug 7, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	3da
Due to: 93	
Due to: Arterio. Sclerosis	Indef.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause of 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 None

(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 [illegible] Rigler (M. D. ~~or other~~)

Address 4138 Newstead Date signed 8/2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7641

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.....

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

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.