

FILED DEC 6 1947

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USING 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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... oao  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 4245 W Evans  
11 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Asberry Barber

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex..... Male 2) 5. Color or race..... ene 6. (a) Single, widowed, married, divorced..... Married  
6. (b) Name of husband or wife..... Fannie 6. (c) Age of husband or wife if alive..... 62 years  
7. Birth date of deceased..... Feb 25 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 14 If less than one day  
hr. min.

9. Birthplace..... Pope Miss /  
(City, town, or county) (State or foreign country)

10. Usual occupation..... mil

11. Industry or business.....

12. Name..... Asberry Barber /

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

14. Maiden name..... Caroline Houston

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

16. (a) Informant..... Fannie Barber

(b) Address..... 740 Bayard

17. (a) Burial (b) Date thereof..... 11-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... J. J. Hande & Son

(b) Address..... 3133 Bayou

19. (a) NOV 21 1947 (b) J. J. Credeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 19  
year..... 1947 hour..... 6 minute..... 10 A. M.

21. I hereby certify that I attended the deceased from.....  
Nov. 15 1947 to..... Nov. 19 1947,  
that I last saw him alive on..... Nov. 19 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Thrombosis X  
Duration..... Undet.

Due to.....

Due to.....

Other conditions..... Hypertension  
(Include pregnancy within 3 months of death)

Bilateral Inguinal Hernia

Major findings: Of operations.....

Of autopsy..... No

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 specific place)

While at work?..... (e) Means of injury..... 0

23. Signature..... Charles L. Daniels (M.D. or other)

Address..... 2601 N Whittier Date signed..... 11/20/47

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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 *S. J. Watson*  
Licensed Embalmer No. *2498*  
P. O. Address *2769 Chouteau*

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.