

Registration District No. **318**

Primary Registration District No. **100's**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Firmin Desloge Hospital
 (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

3. (a) PRINT FULL NAME Barr, William D.

3. (b) If veteran name war Philippine Uprising
 3. (c) Social Security No. 499-01-3258

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

6. (b) Name of husband or wife Hortense Barr
 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 16 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
58	58	5	21	hr. _____ min.

9. Birthplace Pleatha Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name John Barr
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Lila Davis
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Bud Hutchens
 (b) Address 610 N. Sarah St.

17. (a) Burial (b) Date thereof 5-8-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) MAY 7 1948 (b) J. T. [Signature]
 (Date received local registrar) (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. 3739 Westminister
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/7/48 day _____
 year _____ hour 2 minute 10-9 A.M.

21. I hereby certify that I attended the deceased from 5/4/48
 _____, 19____, to 5/7/48, 19____;
 that I last saw him alive on 5/6/48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus
 Duration 5 wks

Due to irreversible bronchial
contraction

Due to _____
 Other conditions (include pregnancy within 3 months of death) 112

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury ice

23. Signature Sallan Syet (M. D. or other) _____
 Address 4323 Bales Date signed 5/7/48

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

JUN 21 1948

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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 Henry M. Brammer
Licensed Embalmer No. 4200
P. O. Address St. Louis

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.