

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No.

1003

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WRITE PLAINLY—USE 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:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4-yrs.**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **Desloge Hospital**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Barkley, Lillian**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**

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

7. Birth date of deceased **Sept. 9th., 1926**
(Month) (Day) (Year)

8. AGE: Years **15** Months **9** Days **3** If less than one day hr. min.

9. Birthplace **Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **John Barkley**

13. Birthplace **Mo. D**
(City, town, or county) (State or foreign country)

14. Maiden name **Esther Hanod**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John Barkley**

(b) Address **Winona, Mo.**

17. (a) **Removal** (b) Date thereof **6-14-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winona, Mo.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 13 1942** (Date received local registrar) **H. Fredrick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **twelfth**
year **1942** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 1st**, 1942, to **June 12th**, 1942 that I last saw her alive on **June 11th**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure** Duration **7 days**

Due to **Rheumatic Heart Disease 40 years**

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations **None performed**

Of autopsy **above explained**

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) **No**

(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 **H. Fredrick** (M. D. or other) **M.D.**

Address **1325 So. Grand** Date signed **6/12/42**

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 Stanley Marshall
Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.