FILED NOV 25 1940

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36260

Registration District No. 775 Primary Registration District No. 6020-A Registrar's No. 65

1. PLACE OF DEATH:
(a) County St. Francois (b) City or town Mt. Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 0 Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALINE BARBEY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife François George Barbey
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept. (Month) 1 (Day) 1863 (Year)

8. AGE: Years 77 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Antoine Metraux
FATHER
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marguerite Favre
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant George Barbey
(b) Address R-1 Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maryvale Chapel
18. (a) Signature of funeral director Benham Undertaking Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) (Date received local registrar) (b) H. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1940 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 26 1940 to Sept. 30 1940 that I last saw her alive on September 30 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	Several years
Due to:	
Due to: a & c	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Marvin T. Haw, M.D. (M. D.)
Address Bonne Terre, Mo. Date signed 10-7-40

(Licensed Embalmer's Statement on Reverse Side)

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

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Conway Derby 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, above space should be left blank.