

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

13352  
Do not use this space.

1. PLACE OF DEATH **REC'D MAY 10 1938**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis Mo.** (d) Street No. **BARNES HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3956**

2. PRINT FULL NAME **Garraphelia Wickenden 253**

(a) Residence, No. **343 Page** St. **WR** **Webster Groves Mo.**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Arthur F Wickenden.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 25, 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**77 6 2**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home.**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri.**

FATHER 13. NAME **David P. Barnea.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Hampshire.**

MOTHER 15. MAIDEN NAME **Rebecca Daniels.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England.**

17. INFORMANT (ADDRESS) **Maeline Gony 343 Page St. Webster Groves Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Bellefontaine Cem. Apr 29 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Bergesch Undertaking Co. 3661 Washington Bl.**

20. FILED **APR 28 1938** **J. F. Brubaker** Local Registrar.

**MEDICAL (CERTIFICATE OF DEATH)**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 27th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 18th 1938** to **April 27th 1938**

I last saw her alive on **April 27th 1938** Death is said

to have occurred on the date stated above, at **2.30 A.M.**

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Breast, probably primary*  
*Carcinoma of Rectum*  
*Benign adenoma of Cervix uteri*

Other contributory causes of importance:

*Prostatic hypertrophy*  
*Arterio-sclerosis generalized*

Name of operation *Abdominal Laparotomy* Date of *4-27-38*

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) **B. H. Charles**, M. D.

(Address) **BARNES HOSPITAL**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**