

No. 2
M-2-43
5-17-39
X35997

56974

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18156

State File No. _____

FILED MAY 14 1946

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4085

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks
(Specify whether _____)
In this community 30 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0-00
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 3136 Morgan Ford Rdg
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

STEWART BARGER

3. (b) If veteran,

name war W

3. (c) Social Security

No. None

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Lillie

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

7. Birth date of deceased May 2 - 1879
(Month) (Day) (Year)

8. AGE:

Years 67 Months 0 Days 3

If less than one day
hr. _____ min. _____

9. Birthplace

(City, town, or county) _____ (State or foreign country) MISSOURI

10. Usual occupation

Carpenter

11. Industry or business

Retired

12. Name

James Barger

13. Birthplace

(City, town, or county) _____ (State or foreign country) Penn. 1

14. Maiden name

Nancy Thompson

15. Birthplace

(City, town, or county) _____ (State or foreign country) MISSOURI

16. (a) Informant

Frank Barger

(b) Address

3136 Morgan Ford Rd

17. (a)

Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Bismarck, Mo.

18. (a) Signature of funeral director

A W McLaughlin

(b) Address

2301 Lafayette Ave

19. (a)

MAY 8 1946 (Date received) (Registrar's signature) J. F. Bueck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1946 hour 5:35 minute A M.

21. I hereby certify that I attended the deceased from April 22, 1946, to May 5, 1946
that I last saw him im alive on May 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart failure

Due to Luetic Heart Disease

Due to 2nd

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy Luetic aortitis
Coronary atherosclerosis

Duration

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 0

23. Signature Robert E. Cook (M. D. or other) _____
Address 1515 Lafayette Date signed 5/6/46

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.....

L R Cooper
Licensed Embalmer No..... 3633

P. O. Address..... 2301 Lafayette Ave

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.