

No. 300  
No. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39678

State, File No. \_\_\_\_\_

Registrar's No. **04627**

*Filed*  
**FILED DEC 12 1949**

**317**

**6076**

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

|  |  |  |            |   |             |   |                           |   |  |
|--|--|--|------------|---|-------------|---|---------------------------|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>317</b>  |            | PRIMARY REG. DIST. NO. <b>6076</b>  |             | Registrar's No. <b>04627</b>  |                           |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |  |  |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b><br>b. COUNTY <b>Don't know</b>  |             |   |                           |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Manchester</b>  |  | c. LENGTH OF STAY (in this place)<br><b>2 mo.</b>  |            | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Chamois</b>  |             | 7 E 8   |                           |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>   |  |  |            | d. STREET ADDRESS (If rural, give location)<br><b>None.</b>   |             |   |                           |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>EDWARD</b>   |  |  | a. (First) |   | b. (Middle) |   | c. (Last) <b>BARCHARD</b> |   |  |
| 4. DATE OF DEATH <b>Dec. 4, 1949</b>   |  | (Month) (Day) (Year)   |            | 5. SEX <b>Male</b>  |             | 6. COLOR OR RACE <b>White</b>   |                           |   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>   |  | 8. DATE OF BIRTH <b>JANUARY 15, 1880</b>   |            | 9. AGE (In years last birthday) <b>69</b>   |             | 10. IF UNDER 1 YEAR Months Days   |                           |   |  |
| 11. BIRTHPLACE (State or foreign country) <b>Chamois Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |            | 13a. FATHER'S NAME <b>William Barchard</b>  |             | 13b. MOTHER'S MAIDEN NAME <b>Mary Woods</b>   |                           |   |  |
| 14. NAME OF HUSBAND OR WIFE <b>None.</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |            | 16. SOCIAL SECURITY NO. <b>No</b>   |             | 17. INFORMANT'S SIGNATURE OR NAME <b>Records Pine Crest Nursing Home</b> ADDRESS <b>Manchester Mo</b> |                           |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                          |  |  |            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>senility</b> |             |   |                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>1222</b> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION: <b>None</b>  |            | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |             |   |                           |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                           |            | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |             |   |                           |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>             |            | 21f. HOW DID INJURY OCCUR?  |             |   |                           |   |  |
| 22. I hereby certify that I attended the deceased from <b>Oct 2, 1949</b> , to <b>Dec 4, 1949</b> , that I last saw the deceased alive on <b>Nov 28, 1949</b> ; and that death occurred at <b>10 P</b> m., from the causes and on the date stated above. |  |  |            |   |             |   |                           |   |  |
| 23a. SIGNATURE (Degree or title) <b>D. T. Mufson</b>   |  |  |            | 23b. ADDRESS <b>3707 Poloma</b>   |             | 23c. DATE SIGNED <b>12-5-49</b>   |                           |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>12-6-49</b>   |            | 24c. NAME OF CEMETERY OR CREMATORY <b>Barchard Cem</b>  |             | 24d. LOCATION (City, town, or county) (State) <b>Chamois Mo</b>                                       |                           |   |  |
| DATE REC'D BY LOCAL REG. <b>12-8-49</b>  |  | REGISTRAR'S SIGNATURE <b>Herbert R. Womack, M.D.</b>   |            | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service Inc.</b>   |             | ADDRESS <b>4104 Manchester Ave. St. Louis 10, Mo.</b>   |                           |   |  |

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Allen Davis Jr*

Licensed Embalmer No. *4053*

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.