No. 300
10-48

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2250
Registrar's No. 123

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptiste Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
d. STREET ADDRESS (If rural, give location): NK 6726a Olive St. Rd.

#806

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): R.
c. (Last): Barker

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 6 1868
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Electro typer
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Barker
13b. MOTHER'S MAIDEN NAME: Rosalie Scholnlaub
14. NAME OF HUSBAND OR WIFE: Lillian Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: yes.
17. INFORMANT'S SIGNATURE OR NAME: Sidney B. Barker6 — **ADDRESS**: 6722 Chamberlin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure, chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart arteriosclerosis
DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip about 2 wks before death. Hip pinned 3 days before death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Pt. going to bathroom at 4 am alone, fell + fractured Rt. hip.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) University City (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) Dec (Day) 12 (Year) 19 49 (Hour) 4 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from Oct., 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE: C B Denny (Degree or title) MD
23b. ADDRESS: Creve Coeur, Mo
23c. DATE SIGNED: 1-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 1-6-50
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. JAN 6 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Alexander & Sons — ADDRESS: 4175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

Dr C H Denny
Olive St Rd 1 mile West
of Ballas Rd

Name

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6 Ave Dellmar

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.