No. 300
10.48

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18937

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1199

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Jennings, Mo.~~ LEMAY
c. LENGTH OF STAY (In this place) 15 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount St. Rose Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jennings, Mo. 13 1130
d. STREET ADDRESS (If rural, give location) 8328 College Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Rosemary
b. (Middle)
c. (Last) Barbour

4. DATE OF DEATH (Month) (Day) (Year) 5/8/50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/14/1916
9. AGE (In years last birthday) 34 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lawrence Waddock
13b. MOTHER'S MAIDEN NAME Evelyn Turner
14. NAME OF HUSBAND OR WIFE Leonard R. Barbour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Leonard R. Barbour 8328 College

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

002X

19a. DATE OF OPERATION 5/5/50
19b. MAJOR FINDINGS OF OPERATION Tuberculosis 002X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/16, 1949, *to* 5/8, 1950, *that I last saw the deceased alive on* 5/7, 1950, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] **(Degree or title)** M.D.
23b. ADDRESS 3720 Washington
23c. DATE SIGNED 5/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/11/50
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 5-10-50
REGISTRAR'S SIGNATURE Herbert R. Crowe MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sullivan Funeral Dir. 8849 Euclid

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Joseph L. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

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, fact should be so stated above.