

FILED OCT 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35943

State File No. 3437

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3437</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Lemay</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>85 TOWN Lemay</b>		4850			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>500 Bellsworth Drive</b>				d. STREET ADDRESS (If rural, give location) <b>500 Bellsworth Drive</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Guy</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Barbee</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 15, 1885</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>66</b>		IF UNDER 4 HRS. Days <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Eng.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Benjamin Barbee</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Booton</b>		14. NAME OF HUSBAND OR WIFE <b>Julis H.</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <b>Julis Barbee 500 Bellsworth Dr. Lemay, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Angina Pectoris</b> DUE TO (c) <b>Arteriosclerosis</b>				10 min. 4 yrs. 10 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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.) <b>4201</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>10/14, 1951, 2 A.M.</b>		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 <u>119</u> , 19 <u>48</u> to <u>10/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/14</u> , 19 <u>51</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mitchell L. Bartnick M.D.</b>				23b. ADDRESS <b>7629 So. Broadway</b>		23c. DATE SIGNED <b>10/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 16, 1951</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-15-51</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Somke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister U. &amp; L. Co.</b>		ADDRESS <b>7814 So. Broadway, St. Louis, Mo.</b>	

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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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.