

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2567
REG. DIST. NO. 318
PRIMARY REG. DIST. NO. 1003
Registrar's No. 0872

FILED FEB 14 1952

811
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2259	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 No. 9th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) STEVE (Type as dying) STEVE		b. (Middle) BABY C BARBECK	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1 10 52	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH 4 FEB 1892	
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired)	
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk	
14. NAME OF HUSBAND OR WIFE unk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) unk	
16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME F. O. Taylor	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subacute DUE TO (c) Pericarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR H90X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred of _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/50/52		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 1-31-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	
25. ADDRESS 4104 Manchester Ave.		DATE REC'D BY LOCAL REG. JAN 29 1952	
REGISTRAR'S SIGNATURE J. C. Smith Mo		593 (Licensed Embalmer's Statement on Reverse Side)	

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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.

Signed _____

James A. Summers

Signed

Student Embalmer

Licensed Embalmer No. *4142*

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.