

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10855

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 605			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton			c. LENGTH OF STAY (in this place) 19 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pond			4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.				d. STREET ADDRESS (If rural, give location) Highway 50 & Pond Road					
3. NAME OF DECEASED (Type or Print)		a. (First) Hiram		b. (Middle) Daniel		c. (Last) Barnhart		4. DATE OF DEATH (Month) (Day) (Year) MAR 5, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13, 1874		9. AGE (In years, last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer			10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Dallas County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Abraham M. Barnhart			13b. MOTHER'S MAIDEN NAME Rhoda Woody			14. NAME OF HUSBAND OR WIFE Mina Barnhart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mina Barnhart, Glencoe, Mo. R#1			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of common bile duct		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X							
19a. DATE OF OPERATION 2/28/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of biliary passages						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.)		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 2-15, 1952 to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952, and that death occurred at 2:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE P. L. Wachtel, M.D.				(Degree or title)		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 3/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 7/52		24c. NAME OF CEMETERY OR CREMATORY Stokes Cemetery,		24d. LOCATION (City, town, or county) Meta, Missouri (State)			
DATE REC'D BY LOCAL REG. 3-6-52		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.					

S. 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.....
Student Embalmer

Signed.....

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo.*

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.)