

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14030
Registrar's No. 3180

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5530 Cabanne Av. . .</u>		5 <u>5530 Cabanne Ave., .</u>	

3. NAME OF DECEASED (Type or Print) <u>F HENRY? ? D EDWARD BARR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 30, 1888</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months 11. UNDER 1 YEAR Days 12. UNDER 1 YEAR Hours 13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedar Rapids, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Charles Barr</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Fish</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Barr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-05-0043</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Barr, 5530 Cabanne Ave., m</u>	ADDRESS
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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) <u>Acute congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic congestive heart failure</u>		<u>2+ years</u>
	DUE TO (c) <u>Diffuse myocardial damage</u>		<u>3+ years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 DEATH (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H22.2</u>

22. I hereby certify that I attended the deceased from 18 Feb., 1952, to 3 April, 1952, that I last saw the deceased alive on 3 April, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Emerson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>5427 Delmar, St. Louis 12, Mo.</u>	23c. DATE SIGNED <u>3 April 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>Licking, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 4 1952</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. R.L. Emerson,
5427 Delmar Blvd.,

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 Alfred J. Boedecker
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiament Ave.

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.