U.S. No. 300
REV. 10-48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22878

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1560

4002 U

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN CLAYTON Mo
c. LENGTH OF STAY (in this place) 6 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BURY CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2249
d. STREET ADDRESS (If rural, give location) 2853 - GRAVOIS

3. NAME OF DECEASED (Type or Print)
a. (First) JENNIE b. (Middle) FOSKETT c. (Last) BARAS

4. DATE OF DEATH (Month) (Day) (Year) June 13 1952

5. SEX Female

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH OCT 25 1879

9. AGE (In years last birthday) 72 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FANYWORK SHOP

10b. KIND OF BUSINESS OR INDUSTRY OWNER

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI U

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EUGENE Heisler

13b. MOTHER'S MAIDEN NAME HENRIETTA PARKINSON

14. NAME OF HUSBAND OR WIFE JOSEPH BARAS

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. 497-20-2382

17. INFORMANT'S SIGNATURE OR NAME JOSEPH BARAS **ADDRESS** 2853 - GRAVOIS

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) Coronary occlusion

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. Severe shock - (Family suicide)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

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* May, 1950, *to* June 13, 1952, *that I last saw the deceased alive on* June 13, 1952 *and that death occurred at* 7 09 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) Byron W. Bury M.D.

23b. ADDRESS 2139 N Meramec

23c. DATE SIGNED 6/13/52

24a. BURIAL, CREMATION, REMOVAL Burial

24b. DATE June 16 1952

24c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEM.

24d. LOCATION (City, town, or county) (State) Clayton Mo.

DATE REC'D BY LOCAL REG. 6-13-52

REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

139 N. Meramec
Clayton Mo

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. _____

Student .....
Student Embalmer

Signed Homer A Dill

Licensed Embalmer No. 43470

P. O. Address 2906 Gravan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.