

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25580

State File No. 6300

318

1003

Registrar's No. 6300

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webst Groves</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1001 Big Bend Rd. 49</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b>			b. (Middle) _____		c. (Last) <b>Black</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED		8. DATE OF BIRTH <b>Sept. 4, 1862</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Mathew Black</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>Bethesda Dilworth Home, Web. Gr., 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Tx of Left hip; Arteriosclerosis</b> ANTECEDENT CAUSES <b>suffered when deceased fell off the floor at the Bethesda Dilworth Home at 1001 E. Big Bend Rd. on June 7th 1952 at about 545 am</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis County Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 7 52 5 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>F9037</b>			
22. I hereby certify that I attended the deceased from <u>2</u> 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 P.M.</u> , from the causes and on the date stated above. <u>20</u>							
22a. SIGNATURE (Degree or title) <b>Charles R. Taylor, Coroner</b>				22b. ADDRESS <b>1900 Clark</b>		22c. DATE SIGNED <b>7/1/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-2-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>JUL 1 1952</b>		REGISTRAR'S SIGNATURE <b>Fred M. Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>4535 Washington</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

0261

**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 M. W. Ruetter

Licensed Embalmer No. 4865

P. O. Address \_\_\_\_\_

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.