No. 300
10.48

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39948

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10238

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 10 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2019
d. STREET ADDRESS (If rural, give location) 6915 Michigan

3. NAME OF DECEASED (Type or Print)
a. (First) Edlene
b. (Middle)
c. (Last) Barna

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 4 1907
9. AGE (In years last birthday) 42 — 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) House Work
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Alabama
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wm. Verner
13b. MOTHER'S MAIDEN NAME Pearl Cornelius
14. NAME OF HUSBAND OR WIFE Stephan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Stephen Barna
ADDRESS 6915 Michigan

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) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr

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. Malnutrition

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
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? 171X

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 3 Nov, 1952, *that I last saw the deceased alive on* 3 Nov, 1952, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] MD. (Degree or title) O
23b. ADDRESS 508 No. Grand St Louis Mo
23c. DATE SIGNED 6 Nov 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-7-52
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) (State) Lemay St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. NOV 7 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
m 80
25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr.
ADDRESS 7128 Michigan

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.