

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44706**
 Registrar's No. **11831**

FILED JAN 26 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 15 4055 Pennsylvania 0	
3. NAME OF DECEASED a. (First) JAMES b. (Middle) B. c. (Last) BARBER			4. DATE OF DEATH Dec. 22, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Barber	
13b. MOTHER'S MAIDEN NAME Sally Peeler		14. NAME OF HUSBAND OR WIFE Bessie (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494 01 1297	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Emma Grawel, 4055 Pennsylvania, St. Louis
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Art. sclerosis + hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from Dec. 20 19 52 to Dec 22 , 19 52 that I last saw the deceased alive on Dec. 22 , 19 52 and that death occurred at 7 P. m., from the causes and on the date stated above.			
23a. SIGNATURE J. P. Jarama MD		23b. ADDRESS 539 N. Grand St. St. Louis	23c. DATE SIGNED 12/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec. 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) XXXXX, Milan, Tenn.
DATE REC'D BY LOCAL REG. DEC 23 1952	REGISTRAR'S SIGNATURE J. C. Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLaughlin Funeral Home, 2301 Lafayette,	

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

m 8 B (Licensed Embalmer's Statement on Reverse Side)

Ch. L. Leland
Humboldt Bldg.
712 6130 P.M.
Ground - investigated

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 *James R. Chapman*
Licensed Embalmer No. *4550*
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.