

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41555

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2997

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (In this place) <u>15 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1351 McCutcheon Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1351 McCutcheon Rd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Susie</u>	b. (Middle) <u>Barbee</u>	c. (Last) <u>Frank</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1953</u>
-------------------------------------	-------------------------	---------------------------	------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 30, 1858</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William J. Barbee</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mathews</u>	14. NAME OF HUSBAND OR WIFE <u>John Frank</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Frank, 1351 McCutcheon Rd.</u>	ADDRESS
---	--	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		<u>1 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>		<u>5 yrs.</u>
DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u>		<u>20 years.</u>	
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? <u>4221</u> YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nov. 1953, to 19 Nov. 1953, that I last saw the deceased alive on 19 Nov. 1953, and that death occurred at 8:00Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Seymour L. Emerson, M.D.</u>	23b. ADDRESS <u>1695 Brantwood Blvd., Brantwood, Mo.</u>	23c. DATE SIGNED <u>20 Nov. 53</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>King City, Mo.</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11/20/53</u>	REGISTRAR'S SIGNATURE <u>Hebert B. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Hoilmeister</u>	ADDRESS <u>Colonial Mortuary, 6464 Chippawa St., St. Louis, Mo.</u>
--	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. C. Emerson
Brentwood Sq.

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

Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.