

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

17352
State File No. 4220
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

44

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 289

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital d. STREET ADDRESS (If rural, give location) 28 Venturum 0

3. NAME OF DECEASED (Type or Print)
a. (First) Unknown b. (Middle) White c. (Last) Barby

4. DATE OF DEATH (Month) (Day) (Year) 4-27-54

5. SEX Male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never 8. DATE OF BIRTH Never

9. AGE (In years) (If under 1 year: last birthday) (If under 12 mos.: Months) (Days) (Hours) (Min.) Never

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Never 13b. MOTHER'S MAIDEN NAME Never 14. NAME OF HUSBAND OR WIFE Never

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Police Dept - 11th District

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1-Neurax. 2-Fracture of Rib
following finding of Body in
ANTECEDENT CAUSES severe at 19 to Boyle about 3:30pm
DUE TO (b) April 27-1954
DUE TO (c) April 27-1954

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Time place cause and manner of same could not be determined - Homicide

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, etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Never 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? See above 7953

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 5/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 5-3-54 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAY 11 1954 REGISTRAR'S SIGNATURE Charles Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Powland-Aker Mortuary Service
4104 Manchester Ave.
St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse)

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.....

Licensed Embalmer No.

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.