

0.300  
0.48

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32632

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 2030

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>	c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>4101 Magnolia Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sadie</u>	b. (Middle) _____	c. (Last) <u>Barber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1954</u>
-------------------------------------	-------------------------	-------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 15, 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
-------------------------	----------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-EMPLOYED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>John Doedli</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Brucker</u>	14. NAME OF HUSBAND OR WIFE <u>Charles M. Barber</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Vaughan</u>	ADDRESS <u>4101 Magnolia Ave.</u>
---	--	---	--------------------------------------

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, ashenia, 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>CHRONIC MYOCARDITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC NEPHRITIS</u>			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 AUG. 10, 1954, to AUG. 22, 1954, that I last saw the deceased alive on AUG. 22, 1954, and that death occurred at 4:45A am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. R. Loving MD</u>	23b. ADDRESS <u>BALLWIN, Mo.</u>	23c. DATE SIGNED <u>8.23.54</u>
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8/23/54</u>	REGISTRAR'S SIGNATURE <u>Hester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BOVOST UND. CO.</u>	ADDRESS <u>3710 No. Grand Bl</u>
---	-------------------------------------	--	-------------------------------------

(Licensed Embalmer's Department on Reverse Side)

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

13-2 P.M.  
and 4 female case,  
Baltimore, MD.

**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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.