

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6765

State File No. ....

FILED MAR 1 1955

BIRTH NO. 90386-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 358

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) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2749 Geyer</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) c. (Last) <u>BARLOW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-9-1954</u>	9. AGE (In years last birthday) if UNDER 1 YEAR Months <u>2</u> Days <u>1</u> if UNDER 12 MOS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Barlow</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Barlow, 2749 Geyer, St. Louis, Mo</u>	ADDRESS
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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 <u>less than 24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pneumonitis - ? type</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Meningocele projecting from part. fontanelle</u> <u>Anemia of prematurity</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from February 8, 1955, to February 10, 1955, that I last saw the deceased alive on Feb-10, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O'Hing M.D.</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>1325 S. Grand Avenue</u>	23c. DATE SIGNED <u>2/10/55</u>
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24a. BURIAL	24b. DATE <u>2-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-11-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, Inc.</u>	ADDRESS <u>2301 Lafayette, St. Louis 4, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

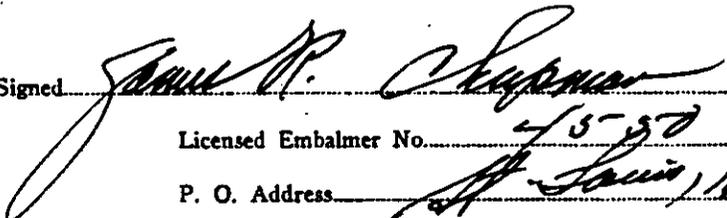
STATEMENT BY LICENSED EMBALMER

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. 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.