

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13089
3946

State File No.

Registrar's No.

FILED MAY 13 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 6128 Sherry 20190

3. NAME OF DECEASED (Type or Print)

a. (First) William
b. (Middle) Samuel
c. (Last) Barber

4. DATE OF DEATH (Month) (Day) (Year)
May 1, 1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

16 Apr 1888 67

9. AGE (In years last birthday)

67

12. CITIZEN OF WHAT COUNTRY?

USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and State or Foreign Country)

Bridgeport, Illinois

13a. FATHER'S NAME

John Barber

13b. MOTHER'S MAIDEN NAME

Rachael Litherland

14. NAME OF HUSBAND OR WIFE

Mrs. Nina A. Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. William S. Barber, 6128 Sherry Avenue,

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurism

INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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 NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

022X

22. I hereby certify that I attended the deceased from 30 Apr, 1955, to 1 May, 1955, that I last saw the deceased alive on 1 May, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deponent's title)

J. C. Velt

23b. ADDRESS

4161 Leudell

23c. DATE SIGNED

5-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

5-4-1955

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

24d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

DATE REC'D BY LOCAL

MAY 3 1955

REGISTRAR'S SIGNATURE

J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Math. Hermann & Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.