

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13090

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1003

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | | | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <i>St. Louis</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>3716 Cte Brillante</i> | | | | e. STREET ADDRESS (If rural, give location) <i>3716 Cte Brillante</i> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) <i>Henry</i> | | b. (Middle) <i>W.</i> | | c. (Last) <i>Barbey</i> | | Month Day Year <i>4/27/55</i> | |
| 5. SEX <i>M</i> | | 6. COLOR OR RACE <i>W</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i> | | 8. DATE OF BIRTH <i>Sept. 16, 1888</i> | |
| 9. AGE (in years last birthday) <i>66</i> | | 10. IF UNDER 1 YEAR Months | | 11. IF UNDER 24 HRS. Hours | | 12. IF UNDER 60 MIN. Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Temperature Man</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Mound City, La.</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>Beaver Creek, Ill.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Constant J. Barbey</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary E. Lamb</i> | | 14. NAME OF HUSBAND OR WIFE <i>Lydia (Jacobs) Barbey</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>488-057533</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary Alice Sullivan - 3716 Cte Brillante</i> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i> | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| DUE TO (b) <i>Coronary arteriosclerosis</i> | | | | DUE TO (c) <i>Genesic arteriosclerosis</i> | | | |
| DUE TO (c) <i>Genesic arteriosclerosis</i> | | | | 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 <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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>4201</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>Dec 24, 1954</i> , to <i>4/27, 1955</i> , that I last saw the deceased alive on <i>4/26, 1955</i> , and that death occurred at <i>3 P.</i> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>M. A. Hooverman M.D.</i> | | | | 23b. ADDRESS <i>4339 Natural Bridge</i> | | 23c. DATE SIGNED <i>4/28/55</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 24b. DATE <i>4/30/55</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Bethlehem Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i> | |
| DATE REC'D BY LOCAL REG. <i>APR 29 1955</i> | | REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robert B. Finely 2228 E. Louis Ave.</i> | | | |

(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 *Bill C. Branson*.....

Licensed Embalmer No.. *4*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.