

X No. 300 10.48

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35036

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8718**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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) 6 days	c. CITY OR TOWN Crestwood 791
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		STREET ADDRESS (If rural, give location) 9801 Hy. 66	
3. NAME OF DECEASED a. (First) Barbara		b. (Middle) Jean	c. (Last) North
4. DATE OF DEATH Oct. 5, 1955		5. SEX Female	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 6, 1941	9. AGE (In years last birthday) 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert W. North		13b. MOTHER'S MAIDEN NAME Eliza Jane Hall	14. NAME OF HUSBAND OR WIFE None
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 Robert W. North, 9801 Hy. 66	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of Skull; Brain Injury; suffered when struck by car operated by one Gerald Crowley in front of apartment 9819 Walnut Road St. Louis County about 800 a.m., Sept 30 1955. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Crestwood Missouri	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 30 5:58 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 812.4	
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 3:57 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick F. Taylor Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10.6.55.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Illinois
DATE REC'D BY LOCAL REG. OCT 6 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood, Mo.	

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 *William H. Fitzgerald*

Licensed Embalmer No. *4316*

P. O. Address *Kulmwood*

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.