

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22372**

FILED JUN 21 1956

BIRTH NO. 17877-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1365

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write BUREAL and give township) OR TOWN <u>North St. Louis County</u>	c. LENGTH OF STAY (In this place) <u>1 wk.</u>	c. CITY (If outside corporate limits, write BUREAL and give township) OR TOWN <u>OVERLAND 420X,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BULLABY NURSERY</u>		d. STREET ADDRESS (If rural, give location) <u>8915 SHAWNEE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>CLYDE</u> c. (Last) <u>BARRETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>2-15-1956</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR <u>19</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>ROBERT BARRETT</u>	13b. MOTHER'S MAIDEN NAME <u>ROBERTA LUDEWIG</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u> 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? <u>752X</u> YES <input type="checkbox"/> NO <input checked="" 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 <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 May 31, 1956, to June 4, 1956, that I last saw the deceased alive on 6-3-56, 1956, and that death occurred at 7:55 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>330 St Francis Flanagan, Mo</u>	23c. DATE SIGNED <u>6-4-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL</u>
24d. LOCATION (City, town, or county) (State) <u>PAGEORLE MO</u>		

DATE REC'D BY LOCAL REG. <u>6-4-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Sillman Overland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Carl L. Lillerman*

Licensed Embalmer No. 3501

P. O. Address Orcutt 14 MD

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.