

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041252

STATE FILE NUMBER

67-40-50
DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11127

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1-57

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| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 119 3932 Finney ave | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) TONY Barber | | | 4. DATE OF DEATH Month 11 - Day 17 - Year 1958 | | |
| 5. SEX male | 6. COLOR OR RACE negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9-22-1958 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 25 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St Louis MO | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | 13a. FATHER'S NAME Cecil Andrew Barber | | |
| 13b. MOTHER'S MAIDEN NAME Rosie Lee Garbs | | | 14. NAME OF HUSBAND OR WIFE — | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT Cecil A. Barber Address 3932^a Finney ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Dehydration Diarrhea DUE TO (b) 571.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 571.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Boyd Funeral Home (Print name or title) | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 11/19/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-19-1958 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. MO |
| 24. FUNERAL DIRECTOR Boyd Funeral Home ADDRESS 3704 Finney | | 25. DATE RECD. BY LOCAL REG. NOV 19 58 | | REGISTRAR'S SIGNATURE Carl Smith MO mfb. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. Claude Gord*

Licensed Embalmer No. *3489*
P. O. Address *4575 Bl*

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.