

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045390

STATE FILE NUMBER

12556

FILED JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Jewish Hospital		Length of stay in lb 46 yrs.		d. STREET ADDRESS (If outside, give location) 2660 5756 Theodosia	
3. NAME OF DECEASED (Type or print) First ROSE; Middle Last BARR		4. DATE OF DEATH Month Dec. Day 27, Year 1958			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Unk.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		9. AGE (In years Birthdays) ab 40 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
13a. FATHER'S NAME Abraham Barr		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Nathan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Nathan Barr 5756 Theodosia Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Melanosarcoma of Rectum - metastases</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1-2 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<i>157X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <i>May 22, 1958</i> to <i>Dec. 27, 1958</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>Dec. 27, 1958</i> Death occurred at <i>1:25 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Queen Birnbaum M.D.</i>			22b. ADDRESS <i>462 N. Taylor</i>		22c. DATE SIGNED <i>12/27/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>12-28-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>	
				23d. LOCATION (City, town, or county) (State) <i>Univ. City, Missouri</i>	
24. FUNERAL DIRECTOR <i>Berger Memorial 4715 McPherson</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>DEC 29 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>m. J.B.</i>

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 *Edward J. Davis* .....

Licensed Embalmer No. *3988* .....

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.