URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-033544

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8815

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STLOUIS
Length of stay in 1b: 25 YEARS
c. FULL NAME OF (If NOT in hospital, give ROUTE) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY --
c. CITY OR TOWN ST. LOUIS
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 4049, ST. LOUIS. AVENUE
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First MAGGIE Middle Last BARKER
4. DATE OF DEATH: Month 9 Day 22 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: COL.
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 6/30/1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months 2 Days 22
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTICTS
11. BIRTHPLACE (City and state or country): ABERDEAN MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: WILLIAM HAMILTON
13b. MOTHER'S MAIDEN NAME: FANNIE HADLEY
14. NAME OF HUSBAND OR WIFE: JOHN BARKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Fannie MacWright Address: 4049. ST. LOUIS AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Johnson (Deputy Coroner)
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 9/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 29-- 28-- 59
23c. NAME OF CEMETERY OR CREMATORY WASHINGTONPARKCEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS. (State) MISSOURI

24. FUNERAL DIRECTOR John H. Houston ADDRESS 2812? THOMASST.
25. DATE RECD. BY LOCAL REG. SEP 24 '59
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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