

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3782** STATE FILE NUMBER

FILED APR 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 5 weeks	c. CITY OR TOWN Ellisville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1201 Field Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Irma C. W. Barner	4. DATE OF DEATH Month Day Year April 17 1961
---	---

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 3-31-13	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
------------------	---------------------------	---	-----------------------------	------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary	10b. KIND OF BUSINESS OR INDUSTRY Miss. Valley Steel	11. BIRTHPLACE (City and state or country) St. Louis Co Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	--	---------------------------------------

13a. FATHER'S NAME Christ Walka	13b. MOTHER'S MAIDEN NAME Martha McKinnon	14. NAME OF HUSBAND OR WIFE Lester Barner
------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Lester Barner Ellisville, Mo.
--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cerebral Embolus secondary</i>		<i>5 weeks</i>
DUE TO (b) <i>to surgery to remove Adeno-</i>		
DUE TO (c) <i>carcinoma of nasopharynx.</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Adeno-carcinoma of nasopharynx. 146x</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown	
--	--	---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	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>10 Mar 61</i> to <i>17 Apr 61</i> and last saw him alive on <i>16 Apr. 61</i> Death occurred at <i>1:45 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>James F. Howes M.D.</i>	22b. ADDRESS <i>6944 Chipewa</i>	22c. DATE SIGNED <i>18 Apr 61</i>
--	-------------------------------------	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-20-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Salem Cemetery</i>	23d. LOCATION (City, town, or county) <i>Ballwin Mo.</i>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <i>Schrader Funeral Home Ballwin, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>APR 20 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>
---	--	---

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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

Richard M. Bopp

Licensed Embalmer No.

4584

P. O. Address

Baltimore, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.