

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

7054

=61-026564  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5955 Highland Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>5955 Highland Ave</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **Mary** Middle **E.** Last **Barrow**

4. DATE OF DEATH Month **July** Day **28** Year **1961**

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-7-1871</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housework**

10b. KIND OF BUSINESS OR INDUSTRY  
**At Home**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME **John Flaherty**

13b. MOTHER'S MAIDEN NAME **Bridget Lacy**

14. NAME OF HUSBAND OR WIFE **Everett Barrow Dec.**

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 **Norma F. Barrow** Address **5955 Highland 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)	<b>Medullary Failure</b>	INTERVAL BETWEEN ONSET AND DEATH	<b>Immediate</b>
DUE TO (b)	<b>Myocarditis</b>		<b>15 yrs.</b>
DUE TO (c)	<b>Senility 422.2</b>		<b>15 yrs.</b>

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 **July 25, 1961** to **July 28, 1961** and last saw her <sup>her</sup> alive on **July 28, 1961**

Death occurred at **7/28/61 2:30pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **100**

22b. ADDRESS **8700 Riverview Blvd.**

22c. DATE SIGNED **7/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **7-31-61**

23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR **J.W. Clark F.H. 1125 Hodiamont Ave.** ADDRESS

25. DATE RECD. BY LOCAL REG. **JUL 31 1961**

26. REGISTRAR'S SIGNATURE **[Signature]**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

6

**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 \_\_\_\_\_

Licensed Embalmer No. 4511

P. O. Address St Louis, Mo.

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.