

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14144

MAY 8 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
Township St. Ferdinand Primary Registration District No. 26030 Registered No. 44
City St. Louis (No. 6152) ROMULUS SCIENCE HOME St. _____ Ward _____

2. FULL NAME

William A. Barada
(a) Residence, No. 4316 Randall Pl. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monie E. L. Barada

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
76 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo

13. NAME Louis Barada

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Monie E. Barada
(ADDRESS) 4316 Randall Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Calvary DATE _____ 19____

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 1616 East Fairview

20. FILED Apr 6 1935 Wa. Zentler Registrar.
Dr. O. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935, to Apr 3 1935

I last saw him alive on Apr 3 1935. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset 1/15/35
None

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify C. E. Aldenderfer, M. D.
(Signed) _____

(Address) 7596 S. Shiloh

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

