

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

5118
Do not use this space.

REC'D MAR 14 1938

791
1003

Registered No. 1761

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert G. Barrick, Jr. 620
(a) Residence, No. Christian Hospital St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y - 18 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still Born

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938, to _____, 19____
I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset
Stillborn
Other contributory causes of importance:
P.P. Difficult delivery. Incompetent reason

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Albert G. Barrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

MOTHER 15. MAIDEN NAME Ruth F. Mills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Al. Barrick #6155 North Point

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 2-19-38

19. FUNERAL DIRECTOR (ADDRESS) P. R. Ruyton & Son #4449 Olive St.

20. FILED FEB 18 1938 J. Briedeck Local Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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 _____ (Signed) Georg Kueper M. D.
(Address) 3442 Guilford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. There should be no extremely apparent. For amount be stated EXACTLY. FHS 15145 should state

Jan 20 1954.

STATEMENT BY LICENSED EMBALMER

I, J. S. Lupton, Licensed Embalmer No. 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. L. M. Murray

No. #4011 or by..... Registered Apprentice No.....

working under my personal supervision.

Signed..... J. S. Lupton

Licensed Embalmer No. #2122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)