No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18581

Registrar's No. 5195

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs. 3mos. 18ds. (Specify whether years, months or days)
In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis~~
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Kirkwood Dr.
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA BARKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Sgl.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 11 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Logansport Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Louis H. Berg Inc.
(b) Address Kirkwood, Mo.
19. (a) JUN 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31 year 1947 hour 3.35 minute P M.
21. I hereby certify that I attended the deceased from Feb. 13, 1945 to May 31 1947; that I last saw her alive on May 31 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Generalized Arteriosclerosis | 1945x. |
| Due to: Decubitis Ulcers | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. Hopwalker (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 6/1/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

5495

## 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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 this body is not embalmed, fact should be so stated above.