No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25287

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7431

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 6238 Oakland Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6238 Oakland Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 4 10
If yes, name country

3. (a) PRINT FULL NAME Mildred J. Barada
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Albert Barada
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 10th., 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	6	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name John Hubert
13. Birthplace Alsace-Lorane (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ontavia Desnoyer
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Blanche Warning
(b) Address 6238 Oakland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) AUG 7 1947 (Date received local registrar) (b) J. A. Bielick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th., year 1947 hour 9 minute 25 a. M.
21. I hereby certify that I attended the deceased from 7-10-47, 19..., to 8-6-47, 19...; that I last saw her alive on 8-5-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	2 mo.
Due to Arteriosclerotic cardiovascular Heart Disease	
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 Edward L. Becker (M. D. or other)
Address 205 Frisco Bldg. St. Louis Date signed 8-7-47

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

Frisco Bldg. Room205
9th. Olive

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.