S. No. 2
M—1/47
v. 5-17-39

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

#6705

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39400

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11603

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4830a N. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD BARKER

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 18th (Day) ? (Year)

8. AGE: Years abt - 81 | Months | Days | If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Barker
13. Birthplace ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Gile
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof DEC 1 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director H. L. Rowland
(b) Address 4355 Washington

19. (a) DEC 1 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1947 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from 11/12/47, 19..., to Nov. 15th 1947; that I last saw him alive on Nov. 15th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive + arteriosclerotic heart disease	unknown
Due to	
Due to	
Other conditions: syphilis, site undetermined. (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 Frank F. Martin (M. D. or other) 11/15/47

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6705

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.....

Licensed Embalmer No.....

P. O. Address.....

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.