FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24082

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6219

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: STONE NURSING HOME - 4373 W. PINE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4373 DONOVAN PL. 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DORA ROXANNA BARNHART

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. 1

5. Color or race W

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

6. (b) Name of husband or wife HENRY

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

7. Birth date of deceased 11 (Month) - 20 (Day) - 1883 (Year)

8. AGE: Years 64 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name ALBERT ROBISON 1
13. Birthplace INDIANA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA LEE 1
15. Birthplace BOWLING GREEN, KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant HENRY BARNHART
(b) Address 4373 DONOVAN PL.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof July 14-48 (Month) (Day) (Year)
(c) Place: burial or cremation CAPPS, MISSOURI.

18. (a) Signature of funeral director Cecil Funeral Home Inc.
(b) Address 3029 Lafayette Ave.

19. (a) JUL 13 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12TH year 1948 hour 6:15 minutes P M.

21. I hereby certify that I attended the deceased from June 1, 1947, to July 12, 1948 that I last saw her alive on July 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	15 years
Hypertension	15 years
Due to	
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? (Means of injury)

23. Signature Phil Bardenheier (M.D. or other) MD
Address 3903 Olive St St Louis 8 Mo. Date signed 7/13/48

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

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 comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.