S. No. 300
v. 10-48

FILED MAR 19 1949
#94621

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9778

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2155

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 7710 MICHIGAN

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) BARBER

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U
8. DATE OF BIRTH JAN. 2, 1900
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TUCK POINTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK BARBER
13b. MOTHER'S MAIDEN NAME Betty BARGMANN
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-16-9854
17. INFORMANT'S SIGNATURE OR NAME BETTY BARBER ADDRESS 7710 MICHIGAN

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Meningitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

13 [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/20/49, 19__, *to* 3/7/49, 19__, *that I last saw the deceased alive on* 3/7/49, 19__, *and that death occurred at* 2:45 am *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Repetto M.D. (Degree or title)
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 3/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 10, 1949
24c. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. MAR 8 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Lutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____ Student Embalmer No. _____,

working under my personal supervision.

Signed _____
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Thames

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.