

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1949

State File No. 24578
5982

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ANTHONY'S HOSP		d. STREET ADDRESS (If rural, give location) 11-979 GLENMOOR LANE	
3. NAME OF DECEASED (Type or Print) MARION A. LOWELL BARKER		4. DATE OF DEATH (Month) (Day) (Year) July 7-1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC-26-1909
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES-MANAGER	
11. BIRTHPLACE (State or foreign country) HINESBORO, N.H.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Z. A. BARKER		13b. MOTHER'S MAIDEN NAME LELA SCHROUDER GERTRUDE BARKER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. 492-20-2821		17. INFORMANT'S SIGNATURE OR NAME GERTRUDE BARKER	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Antecedent Causes Renal Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 97	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1442X		22. I hereby certify that I attended the deceased from 5/23, 1949, to 7/9, 1949, that I last saw the deceased alive on 7/7, 1949, and that death occurred at 12:00 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Robert G. Warner M.D.		23b. ADDRESS Paul Brown Bldg St Louis Mo	
23c. DATE SIGNED 7/8/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE July-9-1949		24c. NAME OF CEMETERY OR CREMATORY LAURAL HILL GARDENS	
24d. LOCATION (City, town, or county) ST LOUIS MO		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker & Sons 2415 Olive St St Louis Mo	
DATE REC'D BY LOCAL REG JUL 8 1949		REGISTRAR'S SIGNATURE J. B. Basater	

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

Leslie Welch

Signed.....
Student Embalmer

Licensed Embalmer No.

4395

P. O. Address

Woburn, Grover

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.