

FILED DEC 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 39623  
04636

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b>	
c. LENGTH OF STAY (in this place) <b>37 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>7820 GANNON AVE.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7820 GANNON AVE;</b>		d. STREET ADDRESS (If rural, give location) <b>7820 GANNON AVE.,</b>	
3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>		a. (First) <b>ROBERT</b>	
b. (Middle) <b>KERR</b>		c. (Last) <b>BARKLEY.</b>	
4. DATE OF DEATH <b>DEC. 7, 1949</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	
5. SEX <b>Male</b>		8. DATE OF BIRTH <b>May 7, 1863</b>	
6. COLOR OR RACE <b>White</b>		9. AGE (In years last birthday) <b>86</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired..</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocer.</b>	
11. BIRTHPLACE (State or foreign country) <b>Ballynena N. Ireland.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Barkley..</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Currie.</b>	
14. NAME OF HUSBAND OR WIFE <b>Sarah Marie Barkley.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>	
16. SOCIAL SECURITY NO. <b>none.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Naomi Barkley,</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subleukemia Leukemia</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Regenerative disease</b>		DUE TO (c) <b>Age</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2044</b>	
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 1934, to 12/7, 1949, that I last saw the deceased alive on 12/7, 1949, and that death occurred at 11:05 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert C. Perkins</b>		23b. ADDRESS <b>3701 N. Kingshighway</b>	
23c. DATE SIGNED <b>12/8/49</b>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/10/1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery, St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-8-49</b>		REGISTRAR'S SIGNATURE <b>Hubert L. Blouke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. R. Lupton &amp; SONS</b>		ADDRESS <b>7233 Delmar Blvd.,</b>	

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No 3864

P. O. Address St. Louis, Mo.

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.