

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24533**
Registrar's No. **6294**

BIRTH NO. 66966-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1033 Roxbury Drive</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janet</u> b. (Middle) <u>Barrioz</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>October 10, 1949</u>
9. AGE (In years last birthday) <u>9</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Edward C. Barrioz</u>		13b. MOTHER'S MAIDEN NAME <u>Lisa Schroeter</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Barrioz</u>		ADDRESS <u>above</u>	
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) <u>Abscess Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgery</u> DUE TO (c) <u>Hydrocephalus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spontaneous hemorrhage ventricles</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hydrocephalus</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (Specify 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>752X</u>			
22. I hereby certify that I attended the deceased from <u>birth</u> , 19 <u>49</u> , to <u>7-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 18</u> , 19 <u>50</u> , and that death occurred at <u>8:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Orley</u> (Degree or title)		23b. ADDRESS <u>no 4660 Maryland</u>	
23c. DATE SIGNED <u>7-22-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Wasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH</u>		ADDRESS <u>7450 Manchester Ave. Maplewood 17, Mo.</u>	

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

7 *Completed*

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 _____

R. O. Yahrke

Signed _____
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis

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.