

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 39189  
Registrar's No. 9598

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39189		Registrar's No. 9598	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22 30					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 1 hr			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 23 1519 PICKER STREET
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				3. NAME OF DECEASED a. (First) MINNIE b. (Middle) F c. (Last) Wirt		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1950			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH Aug. 13 - 1888		9. AGE (In years last birthday) (Month) (Day) (Year) 62 2 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (State or foreign country) Missouri D		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME IKE GRINDSTAFF			13b. MOTHER'S MAIDEN NAME UKUOWR			14. NAME OF HUSBAND OR WIFE William			
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 ADDRESS Olive Andrews 2110 LaFayette				
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) Subdural hemorrhage Multiple fractures suffered when struck by a automobile driven by wife, Robt E. Barbaryman in front of 7934 So Grandy Ave. 559 pm. 11/10/50 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) 1950 DUE TO (b) 1950 DUE TO (c) 1950						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. INCIDENT (Specify) Accident HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, in road, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. D		21f. HOW DID INJURY OCCUR? 000 68125			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Nov 10 50 5:39 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Royal R. Deane, Colonel 3				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/13/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-14-50		24c. NAME OF CEMETERY OR CREMATORY FEE FEE		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
DATE REC'D BY LOCAL REG. Nov 13 1950		REGISTRAR'S SIGNATURE R. O. Powers			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Fun'l. Hou. 2301 LaFayette				

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*R. B. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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.