

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5834

FILED MAR 7 1951

State File No. \_\_\_\_\_  
Registrar's No. 1749

BIRTH NO. \_\_\_\_\_ 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 Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 7th		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis 22 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 1/2 N. 18		d. STREET ADDRESS (If rural, give location) 111 1/2 N. 18	

3. NAME OF DECEASED (Type or Print) Oscar		a. (First)		b. (Middle)		c. (Last) Barkins		4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 51	
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 1879		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mkr		10b. KIND OF BUSINESS OR INDUSTRY Mkr		11. BIRTHPLACE (State or foreign country) Mkr		12. CITIZEN OF WHAT COUNTRY? Mkr			

13a. FATHER'S NAME Mkr		13b. MOTHER'S MAIDEN NAME Mkr		14. NAME OF HUSBAND OR WIFE Mkr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify of dates of service) Mkr		16. SOCIAL SECURITY NO. Mkr		17. INFORMANT'S SIGNATURE OR NAME T. G. Taylor		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. C. O. Veisering 2.85%					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) and 3% Burns of Body, Suffered when deceased was burned with fire</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. In Home 111 1/2 N. 18 St. about 5:30 2-4-51					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cause of fire as a result of defective stove in room				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		21d. (COUNTY) MO	
21d. TIME OF INJURY (Month) 2 (Day) 4 (Year) 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Defective stove by fire			

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 \_\_\_\_\_, \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. J. ...</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/22/51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) MO		24e. (State)			

DATE RECEIVED BY LOCAL REG. FEB 20		REGISTRAR'S SIGNATURE J. B. Kanter		5. FUNERAL DIRECTOR'S SIGNATURE Peoples Undertaking Co		ADDRESS 3100 ...	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

730

33

APR 1951

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

12/21/21  
FURNISH

People's Undertaking Co  
1001 E. 10th St  
Grand Rapids, Mich