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FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32143

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3107

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFF. BRKS, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2239</u>	
c. LENGTH OF STAY (in this place) <u>40 days</u>		d. STREET ADDRESS (If rural, give location) <u>2353 Albion Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS. ADMIN. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>MARVIN</u>	b. (Middle) <u>J.</u>	c. (Last) <u>BARKS</u>	<u>9-8-51</u>
5. SEX. <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-15-22</u>
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parking Lot Attendant</u>	11. BIRTHPLACE (State or foreign country) <u>Flat River, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Jess Barks</u>	13b. MOTHER'S MAIDEN NAME <u>Gussie Telmie</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Barks</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WWII</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEF. BKS, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE TUBERCULOMAS OF BRAIN</u>		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>9-7-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>NODULAR MASSES IN BOTH FRONTAL LOBES</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 7-30-51, 1951, to 9-8-51, 1951, and that death occurred at 1:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>VA HOSP. JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>9-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Removal Sept. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK VIEW CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>FARMINGTON, MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>9-9-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. HOFFMEISTER</u>	ADDRESS <u>U&L COMPANY, St. Louis, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 4 1951

MAR 28 1958

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.....

Harold Schenck

Signed.....
Student Embalmer

Licensed Embalmer No. 2079

P. O. Address 7514 S. Broadway

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.