

FILED NOV. 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38672**
9821

BIRTH NO. _____		REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Deaconess Hospital</u>		14. STREET ADDRESS (If rural, give location) <u>6203 Walsh St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. RALPH</u>		b. (Middle) <u>A.</u>		c. (Last) <u>BARKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1957</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>Oct. 23, 1896</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Townsend, Montana</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Charles Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Link</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Barker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Barker</u>		ADDRESS <u>6203 Walsh St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H2O1</u>		22. I hereby certify that I attended the deceased from <u>10/22/1957</u> , to <u>11/4/1957</u> , that I last saw the deceased alive on <u>11/3/1957</u> , and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.F. Heuer MD</u> (Degree or title)		23b. ADDRESS <u>5203 Chippewa</u>		23c. DATE SIGNED <u>11/27/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>Nov. 7, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>NOV 6 1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			

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

DEC 28 1954

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.

Student
Student Embalmer

Signed _____

Edwin A. McQuinn

Licensed Embalmer No. _____

3024

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.