

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43601

State File No.

No. 300
10-48

FILED DEC 29 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4028

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of (institution). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) OLIVETTE		c. CITY (If outside corporate limits, write RURAL and give township) 38 TOWN OLIVETTE	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) 9338 OLIVE ST. ROAD.	
3. FULL NAME OF HOSPITAL OR INSTITUTION 9338 OLIVE ST. ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H. c. (Last) BARBY.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1887	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk;	10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch., Inc.,	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Barby.	13b. MOTHER'S MAIDEN NAME Louise Miller.	14. NAME OF HUSBAND OR WIFE Sophie Rose Barby.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-07-0294	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophie Rose Barby, Olivette, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Simultaneous
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		2 YR (?)
	ANTECEDENT CAUSE* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA		5 YRS.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **AVG 7, 1950** to **DEC. 11, 1951**, that I last saw the deceased alive on **DEC 11, 1951**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward G. Caney, M.D.	23b. ADDRESS 2202 St. Bernard St. Louis, Mo.	23c. DATE SIGNED 12/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-20-51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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DATE REC'D BY LOCAL REG. 12-19-51	REGISTRAR'S SIGNATURE Herbert Robinson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Student Embalmer No.

Signed Arnold W. Schoene.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3864.....

P. O. Address St. Louis, Mo......

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.