

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9647**
Registrar's No. **2577**

FILED MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Ill. b. COUNTY Randolph	
c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Prairie du Rocher, 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED a. (First) John b. (Middle) Louis c. (Last) Barbeau			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 26, 1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R. R.	11. BIRTHPLACE (City and State or Foreign Country) Prairie du Rocher, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Barbeau	
13b. MOTHER'S MAIDEN NAME Teebau		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bert Laurent		ADDRESS Prairie du Rocher, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatitis, acute severe		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days	
ANTECEDENT CAUSES		DUE TO (b) Cholelithiasis, chronic	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Stone in common duct	
DUE TO (c) arteriosclerotic heart disease		5 yrs - 1 1/2 days - 5 yrs plus	
II. OTHER SIGNIFICANT CONDITIONS		prostatic hypertrophy, severe 1 yr -	
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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 58 AX			
22. I hereby certify that I attended the deceased from 9 AM , 1946 , to 14 Mar , 1952 , that I last saw the deceased alive on 14 Mar , 1952 , and that death occurred at 7 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Richard J. Dunder M.D.		23b. ADDRESS 205 S. Main St. Columbia, Ill.	
23c. DATE SIGNED 15 Mar 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-17-52	
24c. NAME OF CEMETERY OR CREMATORY St. Joseph's		24d. LOCATION (City, town, or county) (State) Prairie du Rocher, Ill.	
DATE REC'D BY LOCAL REG. MAR 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

mks (Licensed Embalmer's Statement on Reverse Side)

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.....

John S. Demmel

Licensed Embalmer No. 4194

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.