

No. 300
10.48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23028**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1586

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <u>2179</u>	
c. LENGTH OF STAY (In this place) <u>7 MONTHS</u>		d. STREET ADDRESS (If rural, give location) 3920 Lafayette Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home			

3. NAME OF DECEASED (Type or Print) Fannie	a. (First) Fannie	b. (Middle) C.	c. (Last) Barter	4. DATE OF DEATH (Month) (Day) (Year) June 14, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 24, 1874	9. AGE (In years last birthday) 77	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) Retired School Teacher	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Bd. Education	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William D. Barter	13b. MOTHER'S MAIDEN NAME Honora Gaffney	14. NAME OF HUSBAND OR WIFE X
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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. none	17. INFORMANT'S SIGNATURE OR NAME Wm. D. Barter	ADDRESS 3841 Blad Avenue
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coroner Vascular Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) na	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) na	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) na
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) na	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? na
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22. I hereby certify that I attended the deceased from 1879, to 4/25, 1952, that I last saw the deceased alive on 4/25, 1952, and that death occurred at 9 11 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Prator C. Hall MD	23b. ADDRESS 3902c Lafayette	23c. DATE SIGNED 6/14/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 6-15-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. + R. Co	ADDRESS 1905 So. GRAND Blvd
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WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Ben Hoffmann

Licensed Embalmer No. *43669*

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.