

FILED OCT 2 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34588**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2395</u>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moline</b>		c. LENGTH OF STAY (In this place) <b>2 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moline</b>		4000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10138 Imperial Drive</b>				d. STREET ADDRESS (If rural, give location) <b>10138 Imperial Drive</b>			
3. NAME OF DECEASED (Type or Print) <b>Hazel</b>		a. (First) <b>Hazel</b>		b. (Middle) <b>S.</b>		c. (Last) <b>Barr</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 6, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 3, 1900</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wind Ridge, Penn. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Levi Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Ora Clutter</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Wm. C. Barr,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. C. Barr, 10138 Imperial Drive (21)</b>			
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>Concussion of Right Cranium</u> ANTECEDENT CAUSES <u>&amp; metastasis</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>175X</b>				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?			
22. I hereby certify that I attended the deceased from <u>10-52</u> , to <u>9/6/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/5/53</u> , 19 <u>53</u> , and that death occurred at <u>2:55A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William A. Kuebler J. D.</u>		23b. ADDRESS <u>8201 New Blaney.</u>		23c. DATE SIGNED <u>9/8/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <u>9-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>	
DATE REC'D BY LOCAL REG. <u>9/9/53</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Spink MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*John W. Day*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3737*  
*G. Lewis 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.