

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40165

State File No.

10249

FILED NOV 25 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 1/2 Days	c. CITY OR TOWN Wellston		4 30/1		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			e. STREET ADDRESS (If rural, give location) 1569 Wellston Ave.						
3. NAME OF DECEASED (Type or Print) a. (First) Cass			b. (Middle)		c. (Last) Barbro		4. DATE OF DEATH (Month) (Day) (Year) October 27, 1953		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 4, 1877		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Augustis Barbro			13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Virginia				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-10-9738		17. INFORMANT'S SIGNATURE OR NAME Virginia Barbro, 1569 Welston, St. Louis, Mo.					
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility						INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 2 days 1 year	
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? 4201					
22. I hereby certify that I attended the deceased from Dec. 10, 1949, to Oct. 27, 1953, that I last saw the deceased alive on Oct. 27, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry Rosenberg M.D.				23b. ADDRESS 1467 N. Union St. Louis, Mo.			23c. DATE SIGNED 10/27/53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-30-1953	24c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri				
DATE REC'D BY LOCAL REG. OCT 28 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, 8, Missouri				

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.....
Signature of Student Embalmer

Signed *A. J. Farris*.....

Licensed Embalmer No. *238*.....

P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.