

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9872

State File No. _____

BIRTH NO. _____ FILED APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2841

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2167	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 16 4317 JUNIATA	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) W. c. (Last) BARKER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 28, 1954		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JANUARY 17, 1906		9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WHOLESALE DRIVER	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY PEVELY MILK CO.	

13a. FATHER'S NAME Frank Barker		13b. MOTHER'S MAIDEN NAME Nora Forsythe		14. NAME OF HUSBAND OR WIFE ESSIE	
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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 NONE		16. SOCIAL SECURITY NO. 497-07-1470		17. INFORMANT'S SIGNATURE OR NAME ESSIE BARKER		ADDRESS 4317 JUNIATA, ST. LOUIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis local</u> 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 331X	
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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?	
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22. I hereby certify that I attended the deceased from 3/19/54, 1954, to 3/28, 1954, that I last saw the deceased alive on 3/28, 1954, and that death occurred at 7:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. F. Plego M.D.		23b. ADDRESS 315 N. W. Missouri		23c. DATE SIGNED 3/29/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR 31 1954		24c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) 1800 LEMAY DERRY ROAD	
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DATE REC'D BY LOCAL REG. MAR 29 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U. & L. CO.		ADDRESS 7811 SO. BROADWAY ST. LOUIS, MO.	
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(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

Louis C. Hoffmeier

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.