

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13148

REG #198 SL 198

318

PRIMARY REG. DIST. NO. 1005 Registrar's No. 3243

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY SHELBY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 15 DAYS		c. CITY OR TOWN SHELBYVILLE		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				e. STREET ADDRESS (If rural, give location) 8120 8			
3. NAME OF DECEASED (Type or Print) a. (First) NOAH		b. (Middle) S.		c. (Last) BARKER		4. DATE OF DEATH (Month) (Day) (Year) 4-10-54	
5. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-9-76	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and State or Foreign Country) SHELBYVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM BARKER			13b. MOTHER'S MAIDEN NAME VIRGINIA (UNKNOWN)			14. NAME OF HUSBAND OR WIFE (WIDOWED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. SPAW		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, R.U.L.				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.					
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) 490X			
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? _____			
22. I hereby certify that I attended the deceased from 3-26, 1954, to 4-10, 1954, and that death occurred at 12:40A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. KAMINSKAS				23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 4-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL FROM VA		24b. DATE 4-10-54		24c. NAME OF CEMETERY OR CREMATORY UNK.		24d. LOCATION (City, town, or county) (State) SHELBYVILLE ILL	
DATE REC'D BY LOCAL REG. APR 12 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND			

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 *David Paul Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Main*

**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.**