

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13149**  
Registrar's No. **3520**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3520</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>24 Yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2713 Dickson</b>				<b>2219</b>			
3. NAME OF DECEASED (Type or Print) <b>Wardell</b>		a. (First)		b. (Middle)		c. (Last) <b>Barker SR</b>		4. DATE OF DEATH (Month) <b>4</b> (Day) <b>14</b> (Year) <b>54</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>COL.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12/3rd/1914</b>		9. AGE (In years last birthday) <b>39</b>		# UNDER 1 YEAR Months <b>4</b> YEAR <b>II</b> # UNDER 24 HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Odd Jobber</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdeen Monroe County Miss.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>John Barker</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Hamilton</b>			14. NAME OF HUSBAND OR WIFE <b>May Barker</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Wardell Barker Jr.</b> ADDRESS <b>2713, Dickson Street</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) <b>Carcinoma of Pharynx</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>		
		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) <b>148X</b>		(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 <b>2-26</b> , 19 <b>54</b> , to <b>4-14</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>4-14</b> , 19 <b>54</b> , and that death occurred at <b>9:50P. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Earl Belle Smith</b> (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>2601 N. Whittier</b>			23c. DATE SIGNED <b>4-15-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>4/20/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. Peters Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo</b>		(State) <b>Missouri</b>			
DATE REC'D BY LOCAL REG. <b>APR 19 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. John J. Houston</b> ADDRESS <b>2616, No. Garrison 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.....  
Signature of Student Embalmer

Signed *Leroy W. Gannister*.....

Licensed Embalmer No. *45*

P. O. Address *3880 E*

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.