

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35109

State File No.

9352

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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		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 Incarnate-Word Hospital			e. STREET ADDRESS (If rural, give location) 5415 Maryland Ave 2129			
3. NAME OF DECEASED (Type or Print) Edith a. (First) b. (Middle) c. (Last) Barker			4. DATE OF DEATH (Month) (Day) (Year) 10-14-1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-8-1873		9. AGE (In years last birthday) 80 if UNDER 1 YEAR Days if UNDER 12 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ebenezer Hillis		13b. MOTHER'S MAIDEN NAME May Moody		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Harry H. Hillis 5 Villawood Lane			
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) Pneumonia, Bronchial ANTECEDENT CAUSES DUE TO (b) Arterio-sclerotic Myocarditis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-traumatic fracture L5, L6		INTERVAL BETWEEN ONSET AND DEATH 10 da. 10 yrs. 15 yrs. 9/7/54	
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) a		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis St. Louis Mo.	21d. HOW DID INJURY OCCUR? Fall from Ladder 260X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-7-54 9 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
22. I hereby certify that I attended the deceased from 9-7-54 , 19, to 10/14/54 , 19, that I last saw the deceased alive on 10/14/54 , 19, and that death occurred at 10:00 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) C. S. Rumboldt M.D.			23b. ADDRESS 5703 Chippewa		23c. DATE SIGNED 10/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-16-1954	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) 3211 Sublette Ave Mo		
DATE REC'D BY LOCAL REG. OCT 15 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Biegenheim Bros 6409 Gravois Ave		

5.0 (Licensed Embalmer's Statement (of Reverse Side))

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

New 1-8028

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.....
Van M. Seymour

Licensed Embalmer No...434

P. O. Address *St. Louis*

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.