

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43420**
Registrar's No. **11618**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

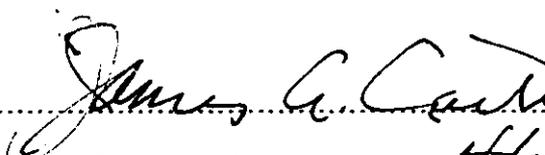
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 5166 Enright			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		f. STREET ADDRESS 12		g. CITY OR TOWN 2129			
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) c. (Last) Barbour			4. DATE OF DEATH (Month) (Day) (Year) 12 20 54				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single^m			
8. DATE OF BIRTH Dec 24, 1887		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days			
11. BIRTHPLACE (City and State or Foreign Country) Emenice, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country)			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mattie Scott		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 498-12-8602		17. INFORMANT'S SIGNATURE OR NAME Bessie B. Jones ADDRESS 2916 a. Franklin Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis - Origin Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Myocardial Infarction (?) rise to the above cause (a) stating the underlying cause last. 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 Undt.	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR? 1998	
22. I hereby certify that I attended the deceased from 12-10 , 19 54 , to 12-20 , 19 54 , that I last saw the deceased alive on 12-20 , 19 54 , and that death occurred at 9:15A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank O. Richards M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/27/54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. DEC 21 1954		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts ADDRESS 1416 N. Taylor Ave.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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.....

Licensed Embalmer No. 46
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.