

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9219

FILED MAR 21 1955

State File No. ....

BIRTH NO. 16467-55 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 71

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Charles 0923</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis 4072</u>                       |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Charles</u> c. LENGTH OF STAY (In this place) <u>1 Hr.</u> |  | c. CITY OR TOWN <u>Woodson Terrace</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>   |  | STREET ADDRESS (If rural, give location) <u>3805 Calvert</u>   |  |

|  |                               |   |                                       |
|--|-------------------------------|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Infant</u> b. (Middle) <u>Boy</u> c. (Last) <u>Barger</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 11 1955</u>       |                                       |
| 5. SEX <u>Male O</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>#####</u> | 8. DATE OF BIRTH <u>March 11 1955</u> |
| 9. AGE (In years last birthday) <u>1</u>   |                               | 10. AGE (In years last birthday) <u>1</u>                           |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>#####</u>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u>                      |                                       |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Mo. O</u>                                    |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                          |                                       |

|   |  |  |  |
|---|--|--|--|
| 13a. FATHER'S NAME <u>Cecil S. Barger</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Helen Hargrave</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>#####</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> |  |
| 16. SOCIAL SECURITY NO. <u>None</u>       |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Cecil S. Barger</u> ADDRESS <u>3805 Calvert St. Louis 60</u>                            |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH <u>6</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 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 11 MARCH, 1955, to 11 MARCH 1955, that I last saw the deceased alive on 11 MARCH, 1955, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>N. G. Kyriakidis, M.D.</u>            |  | 23b. ADDRESS <u>8711 St. Charles Rd. - St. Louis 14 Mo</u> |  | 23c. DATE SIGNED <u>12 MARCH 55</u>                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                   |  | 24b. DATE <u>3/14/55</u>                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |  |  |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>March 17 1955</u> |  | REGISTRAR'S SIGNATURE <u>Fannie Benoit</u> |  | 25. CORONER'S SIGNATURE <u>Collier Mortuary</u> ADDRESS <u>10123 St. Charles Rd</u> |  |
|---|--|--|--|---|--|

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....  
Signature of Licensed Embalmer

Licensed Embalmer No. 33

P. O. Address 101238

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.