

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9490

FILED MAR 31 1955

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2542**

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) St. Louis		c. LENGTH OF STAY (If this place) 1 yr. 1 mo	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Chronic Hosp.		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: St. Louis Chronic Hosp.		e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.	21390
3. NAME OF DECEASED (Type or Print) a. (First) Barbara		b. (Middle)	c. (Last) Carless
4. DATE OF DEATH (Month) (Day) (Year) March 20, 1955			
5. SEX Female	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 13, September 1871
9. AGE (In years last birthday) 83	10. MONTHS 3	11. DAYS 18	12. HOURS 13
13. MIN. 13	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) East St. Louis Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Franke	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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. no	17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. E. Kight-4228 McPherson Ave.	
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) Hypertensive Cardiovascular		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diarrhea		years	
DUE TO (c) Multiple decubitus ulcers. Cachexia		2 months	
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)	
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? 443x	
22. I hereby certify that I attended the deceased from March 21, 1955 , to March 20, 1955 , that I last saw the deceased alive on March 20, 1955 , and that death occurred at 11, 354 AM from the causes and on the date stated above.			
23a. SIGNATURE George M. Janaka, M.D.		23b. ADDRESS 5800 Arsenal ST.	23c. DATE SIGNED 3-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/22/55	24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair Co. Illinois
DATE REC'D BY LOCAL REG. MAR 21 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.	
		ADDRESS 5216-Delmar Bl.	

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.....
[Handwritten Signature]

Licensed Embalmer No. *2691*

P. O. Address *Sheffield*

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.