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

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23433

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6099

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frisco Employees Hospital Assn
d. STREET ADDRESS (If rural, give location): 6810 W. Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2049

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Benjamin c. (Last) Barkman

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1955

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

8. DATE OF BIRTH Aug 4, 1887 **9. AGE** (In years last birthday) 67 — If under 1 year: Months 11 Days 9 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Express Messenger Retired 3 yr.
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Union City, Penn
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Herman Henry B—
13b. MOTHER'S MAIDEN NAME: Adora Cruson
14. NAME OF HUSBAND OR WIFE: Evelyn Saunders Barkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 714-03-2938
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Son, John Jr and wife 6810 W. Park

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 2 wks +

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Nephritis, acute — INTERVAL: 1 day

DUE TO (c) Pulmonary edema, acute

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 7-12-55
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cecum
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* 7-3-, 1955, *to* 7-13-, 1955, *that I last saw the deceased alive on* 7-13-, 1955, *and that death occurred at* 10:48 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Norman L. Miller (Degree or title) MD
23b. ADDRESS 4960 Laclede Ave
23c. DATE SIGNED 7-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 16, 1955
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: JUL 15 1955
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.

M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Fred J. Hammer

Licensed Embalmer No. 4788

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.