

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 24867BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1585

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis Co.</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>UNK.</u><br>b. COUNTY <u>UNK.</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Manchester</u>   | c. LENGTH OF STAY (In this place)<br><u>4 yrs.</u> | c. CITY OR TOWN<br><u>UNK.</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u> |  | STREET ADDRESS (If rural, give location)<br><u>UNK.</u>   |   |

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|--|----------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Barney</u><br>b. (Middle) <u>J</u><br>c. (Last) <u>Howard</u>      |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 3 1955</u>           |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED (Specify)<br><u>UNK.</u> | 8. DATE OF BIRTH<br><u>March 5 1898</u>  |
| 9. AGE (In years last birthday)<br><u>57</u>   |                                  | IF UNDER 1 YEAR<br>Months  | IF UNDER 12 HRS.<br>Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>UNK.</u>                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>UNK.</u>                         | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Deseronto Ont. Canada</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>UNK.</u>  |                                  | 13a. FATHER'S NAME<br><u>Lont Howard</u>                                 |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Mary Dean</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>UNK.</u>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>UNK.</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>UNK.</u>                                   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>UNK.</u>                                   |
| 17. ADDRESS  |                                  | ADDRESS  |  |

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  | ANTECEDENT CAUSES   |  |                                  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <u>Chronic Myocarditis</u>   |  |                                  |
|   |  | DUE TO (c) <u>Arterio Sclerosis</u>   |  |                                  |
| 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?<br>YES <input type="checkbox"/> NO <input 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?  |  |                                  |

|   |                            |   |  |                                      |
|---|----------------------------|---|--|--------------------------------------|
| 22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>51</u> , to <u>July 3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 2, 1955</u> , and that death occurred at <u>9:45 P. m.</u> , from the causes and on the date stated above. |                            | 23a. SIGNATURE<br><u>R. H. Jensen</u>                         | 23b. ADDRESS<br><u>W. etchey Bvrs 940 932 Newport</u>                  | 23c. DATE SIGNED<br><u>July 4/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>ANATOMICAL</u>  | 24b. DATE<br><u>7/7/55</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>ANATOMICAL BOARD</u> | 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS, MO.</u> |                                      |

|  |  |  |                        |
|--|--|--|------------------------|
| DATE REC'D BY LOCAL REG.<br><u>7/11/55</u> | REGISTRAR'S SIGNATURE<br><u>Herbert C. Drake</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>M. O. Rouleau</u> | ADDRESS<br><u>4100</u> |
|--|--|--|------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 *W. Eubank*.....  
Licensed Embalmer No. ....

P. O. Address .....

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.