

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34560

FILED OCT 27 1955

State File No.

318

1003

8813

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		c. CITY OR TOWN <u>Webster Groves</u>		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 <u>Deaconess Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>617 Lee Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ALBERTINE</u> c. (Last) <u>BARRON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 2, 1865</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. Henry Barron</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth McCutcheon</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.P. West 617 Lee Ave.</u>			
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) <u>Herpes Zoster</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				<u>10 years</u> <u>10 years</u>	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>None</u>		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>Sept. 19, 1955</u> to <u>Oct. 10, 1955</u> , that I last saw the deceased alive on <u>10-9-</u> , 19 <u>55</u> and that death occurred at <u>12:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. B. Gaudin, M.D.</u>				23b. ADDRESS <u>Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>10-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 10 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>Webster Groves</u>	

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

mo.

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 *Meville B. Prohvetter*.....

Licensed Embalmer No. *3696*
P. O. Address *15 W. Locke*

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.