

No. 36  
10.45

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36613**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2333**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>		c. LENGTH OF STAY (In this place) <b>1 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
		d. STREET ADDRESS (If rural, give location) <b>460 Fairview</b>	
3. NAME OF DECEASED (Type or Print) <b>Regina</b>		a. (First)	b. (Middle)
		c. (Last) <b>Barron</b>	
5. SEX <b>F</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
6. COLOR OR RACE <b>W</b>		8. DATE OF BIRTH <b>Aug. 30th, 1893</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <b>Housewife</b>		9. AGE (In years last birthday) <b>63</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>	
13a. FATHER'S NAME <b>Eugene Devine</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Geany</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Barron</b>		ADDRESS <b>460 Fairview</b>	
14. NAME OF HUSBAND OR WIFE <b>Osmond M. Barron (Deceased)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

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) <b>CARDIO-VASCULAR RENAL DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>DIABETES MELLITUS</b>		<b>?</b>
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>	

22. I hereby certify that I attended the deceased from **OCT. 1, 1956**, to **OCT 2, 1956**, that I last saw the deceased alive on **OCT 2, 1956**, and that death occurred at **6:05 PM.**, from the causes and on the date stated above.

23a. SIGNATURE **B. R. Loring M.D.** (Degree or title) 23b. ADDRESS **BALLWIN, Mo** 23c. DATE SIGNED **10-2-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **10-5-1956** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **10-3-56** REGISTRAR'S SIGNATURE **Herbert R. Somers** FUNERAL DIRECTOR'S SIGNATURE **J. Donnelly** ADDRESS **3840 Lindell Blvd.**

(Licensed Embalmer's Signature on Reverse Side)

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

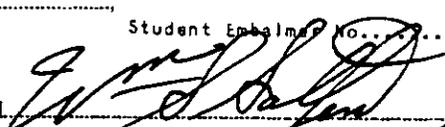
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 3842 Lindell

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