. Health,
& Welfare
. Public
h Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15618

STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1126

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Overland 426X 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 2328 Goodale — Length of stay in 1b 7yrs	d. STREET ADDRESS (If outside, give location) 2328 Goodale — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Sidney	Middle: Benjamin	Last: Barker
4. DATE OF DEATH	Month: April	Day: 29	Year: 1957
5. SEX: M 0	6. COLOR OR RACE: W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 21, 1894
9. AGE (In years last birthday): 63yrs	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Bus Operator	10b. KIND OF BUSINESS OR INDUSTRY: Self Employed	11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin Rufus Barker		14. MOTHER'S MAIDEN NAME: Lillie Heitman — Spouses Name: Mabel H Barker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: unk.	17. INFORMANT: Mrs. Mabel H. Barker — Address: 2328 Goodale (14)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma J Sigmoid

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — [redacted] (b): Colostomy Jan. 5. 1957

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 5 mon.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 153X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Dec. 26. 56, to April 29-57 and last saw her/him alive on April 28-57

Death occurred at 1 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A H Jost MSL 0	22b. ADDRESS: 3700 N Grand	22c. DATE SIGNED: 4/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment	23b. DATE: May 1, 1957	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.		
24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar	25. DATE RECD. BY LOCAL REG.: 5-1-57	26. REGISTRAR'S SIGNATURE: Herbert A. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr a post
2-7
3700 H N Grand
Grand & Natl Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Jos. E McCulloh

Licensed Embalmer No. 246 4

P. O. Address 6175 R

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.