

FILED SEP 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

30382

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2049

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BERKELEY		c. CITY OR TOWN University City 4327	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn Nursing Home		d. STREET ADDRESS 6538 Plymouth Ave	
3. NAME OF DECEASED (Type or print) EVERETT EDWARD BARKER		4. DATE OF DEATH August 16, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Retired 6 years	
11. BIRTHPLACE (City and state or country) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Zeno Barker		14. MOTHER'S MAIDEN NAME Melissa Barker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-18-1064	
17. INFORMANT Lloyd Barker, 2708 Wheaton Avenue.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis & Senility			INTERVAL BETWEEN ONSET AND DEATH SEV. YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic cardiovascular disease; Pulmonary emphysema			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Nov. 5, 1955 to Aug. 16, 1957 and last saw her him alive on July 30, 1957 Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hawey Walker Jr., M.P. (Degree or title)		22b. ADDRESS 462 N. Taylor Ave.	22c. DATE SIGNED 8/17/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-17-57	26. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

State of Missouri

of Missouri

University of Missouri

Department of Health, State of Missouri

State of Missouri

Department of Health, State of Missouri

of

Missouri

x

State

of

Department of Health, State of Missouri

Department of Health, State of Missouri

Missouri

Missouri

Department of Health, State of Missouri

State

of

STATEMENT BY LICENSED EMBALMER

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

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

X working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John J. Stines

Licensed Embalmer No. 4

P. O. Address *St. Louis*

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.