

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008367

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 491

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 Ballwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home		Length of stay in 1b 5Yrs.	d. STREET ADDRESS 2616 Lyndhurst		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Barbara			First	Middle	Last
4. DATE OF DEATH Feb. 14, 1958			Month	Day	Year
5. SEX Female	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 Oct. 8, 1867		9. AGE (In years last birthday) 90
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) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) New Jersey	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Phillip Gilbert			14. MOTHER'S MAIDEN NAME Katherine Wentz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Pine Crest Home Address Ballwin, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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 a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from Feb 1955 , to Feb 14 / 58 and last saw her/him alive on Feb 12 / 58 Death occurred at 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. H. Johnson		(Degree or title) M.D.	22b. ADDRESS 1726 Del Norte Robinson 1966 Mo		22c. DATE SIGNED 2/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-18-58	23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.		
24. FUNERAL DIRECTOR T.W. Clark F.H. 1125 Hodiamont Ave.		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-17-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

with, self, public, service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JN

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 *Laurence O. Lester*.....

Licensed Embalmer No. *497*

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.