

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037580  
State File No. \_\_\_\_\_  
Registrar's No. 10509

FILED NOV 10 1958

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ <u>St. Louis, Mo.</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>31 HOSPITAL OR INSTITUTION St. Louis State Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>4441 Elmbank</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) _____	c. (Last) <u>BARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 31, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 29, 1917</u>	9. AGE (in years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Formerly: Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Alec Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Barker (Jones)</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>17 April 43</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marjorie Cantrich</u>	ADDRESS <u>4441 Elmbank</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral diffuse pneumonitis and pulmonary edema (2) Volvulus</u> ANTECEDENT CAUSES <u>Due to (b) Virus</u> <u>Due to (c) Fibrous peritoneal adhesions</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease with hypertrophy and dilatation</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>492x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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>March 16, 1953</u> , to <u>Oct. 31, 1958</u> , that I last saw the deceased alive on <u>Oct. 31, 1958</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Hofstatter, M.D.</u> (Degree or title)			23b. ADDRESS <u>5400 Arsenal St.,</u>		23c. DATE SIGNED <u>10-31-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/5/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barrack</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barrack Mo</u>		
DATE REC'D BY LOCAL REG. <u>NOV 3 '58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman J. Smith 4247/w Labadie Ave</u>		

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Al*

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.