

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016152

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1033

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hgts</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Overland</b> <b>4238</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Marys Hosp</b>		Length of stay in lb <b>1 da</b>	d. STREET ADDRESS (If outside, give location) <b>9423 W Milton</b>
3. NAME OF DECEASED (Type or print) First <b>AGNES</b> Middle <b>BARCLAY</b> Last		4. DATE OF DEATH Month <b>Apr</b> Day <b>16</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22 1879</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>White Inch Scotland</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Johnston</b>	
13b. MOTHER'S MAIDEN NAME <b>Jean Fuld</b>		14. NAME OF HUSBAND OR WIFE <b>Robert B Barclay</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-03-1240</b>	17. INFORMANT <b>Robert Barclay</b> Address <b>Overland Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerotic Heart Disease (with cardiac decompensation)</b>			INTERVAL BETWEEN ONSET AND DEATH. <b>years?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>			<b>years?</b>
DUE TO (c) <b>Angina pectoris.</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <b>4200</b>	
20c. TIME OF INJURY Hour <b>5:00</b> Month, Day, Year <b>5/10/58</b> a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>500</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Overland Mo</b>	
21. I attended the deceased from Death occurred at <b>5/10/58</b>		and last saw her alive on <b>4/16/59</b>	
22a. SIGNATURE (Degree or title) <b>Burnet St. Palan, M.D.</b>		22b. ADDRESS <b>35 No. Central, Clayton, Mo.</b>	22c. DATE SIGNED <b>4/16/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/18/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Lebanon</b>	23d. LOCATION (City, town, or county) (State) <b>Bridgeton Mo</b>
24. FUNERAL DIRECTOR <b>Ortmann F Home</b> ADDRESS <b>9222 Lackland Overland Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-16-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Licensed Embalmer's Statement on Reverse Side

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 Samuel Stipanovi, Student Embalmer No. 578 working under my personal supervision.

Student Samuel Stipanovi Signed Al. A. Ortman  
Signature of Student Embalmer

Licensed Embalmer No. 3478  
P. O. Address.....

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.