

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

60-033355

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 300 Registrar's No. 2264

ENDED

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Co		Length of stay in 1b DAS		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 OZARK NURSING HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5208 LINDENWOOD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARL A. BARNBECK				4. DATE OF DEATH Month Day Year JULY 26, 1960				
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/11/1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN (RETIRED)			10b. KIND OF BUSINESS OR INDUSTRY BELTING CO.		11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY USA (NAT'L)	
13a. FATHER'S NAME (UNKNOWN)			13b. MOTHER'S MAIDEN NAME (UNKNOWN)			14. NAME OF HUSBAND OR WIFE IDA S. BARNBECK (DECEASED)		
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. 495-16-0933		17. INFORMANT Address ST. LOUIS MRS. HELEN STEINMAN, 5208 LINDENWOOD			
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 of Rectum							INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Metastases to Liver.								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic Heart Disease Auricular Fibrillation							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 <u>July 6</u> to <u>July 26, 1960</u> and last saw her/him alive on <u>July 21, 1960</u> Death occurred at <u>8:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Richard J. Davies MD				22b. ADDRESS 9313 MANCHESTER			22c. DATE SIGNED 7-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE 7/29/1960	23c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY			23d. LOCATION (City, town, or county) ST. LOUIS, MISSOURI		
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI				25. DATE RECD. BY LOCAL REG. 7-28-60		26. REGISTRAR'S SIGNATURE John C. Murphy MD		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Stennel

Licensed Embalmer No. 4199

P. O. Address St. Louis

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