MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-036932
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2655

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14609
2 204
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ferguson, Mo.
Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Oak Knoll Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY:
c. CITY OR TOWN: St. Louis.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1340 McKausland, Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ethel Middle: B. Last: Barkley

4. DATE OF DEATH: Month Sept. Day 11 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/22/1886
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Luther A. Burrell
13b. MOTHER'S MAIDEN NAME: Anna Jane Beck
14. NAME OF HUSBAND OR WIFE: Guy C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mary Lou Sparenberg, 414 Thoroughman, Ferguson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized Arteriosclerosis	Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Unknown
DUE TO (c)	Draining Abscess – Right Buttock	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 15 July 1962, to 11 Sept. 1962 and last saw her alive on 8 Sept 1962
Death occurred at 4:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Kilo, M.D.
22b. ADDRESS: 5855 Cates Ave. St. Louis, Mo.
22c. DATE SIGNED: 12 Sept. 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-14-62
23c. NAME OF CEMETERY OR CREMATORY: LOCAL
23d. LOCATION (City, town, or county) (State): Carlyle, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: 9-13-62
26. REGISTRAR'S SIGNATURE: Joseph E. Murphy M.D.

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington St Louis Mo

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.