

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8954** #63-033407
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Length of stay in 1b 3 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Side Manor Nursing		d. STREET ADDRESS 6431 Lansdowne	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Marguerite Wilhemine Barker			4. DATE OF DEATH September 3, 1963		
5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 7-14-77		9. AGE (last birthday) 86		IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 own home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Adolph Albright		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE George Barker (Dec.)		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. 	
17. INFORMANT Miss Marguerite A. Barker		Address 6431 Lansdowne			

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 sudden
IMMEDIATE CAUSE (a) Cerebral Thrombosis		
DUE TO (b) Arteriosclerotic heart dis 4200		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (c) _____		
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. <input type="checkbox"/> Yes <input checked="" 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 Aug 1963 to 9/3/63 and last saw her alive on 9/3/63		Death occurred at 12:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph Bergman (Degree or title)		22b. ADDRESS 3203 S Grand		22c. DATE SIGNED 9/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-6-63		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. SEP 5 1963	
24. ADDRESS 6464 Chippewa		25. SAW		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Ralph Berg
3203 S. Grand
PR. 3-7857

12 to 4
W. C. or there

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 *Burr C. Hanson*

Licensed Embalmer No. 4764

P. O. Address 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.