

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16172

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.* (No.)

Registration District No. *791*
1003
Primary Registration District No.

File No.
Registered No. *4650*
St. Ward)

2. FULL NAME

Mattie Barnes
(a) Residence, No. *4318 West Bell St. 13* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *26 yrs. +* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 67

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown North Carolina*

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT *Julius F. Verneuil MD* (Address) *5400 Arsenal St.*

15. *ADD FILED 18 1931* *W. C. Sturk* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 15 1931*

17. I HEREBY CERTIFY, That I attended deceased from *July 1 1930* to *April 15 1931* that I last saw her alive on *April 14 1931* and that death occurred, on the date stated above at *1:35 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cardiac dilatation
91 C
4/14/31 (duration) yrs. mos. *1* da.
CONTRIBUTORY *Atherosclerosis c*
(SECONDARY) *Chronic myocarditis* (duration) yrs. *15* mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? *Phys. clinical*

(Signed) *Julius F. Verneuil M.D.*

April 15 1931 (Address) *5400 Arsenal St.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Farther Loipson *Apr. 18 1931*

20. UNDERTAKER ADDRESS

J. W. Hughes *2620 Louisa*
85 Johnson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE WAITING WITH UNFADING INK—THIS IS A PERMANENT RECORD

