

RECORDED MAY 10 1938

0689

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

13392  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. City Hospital No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003Registered No. 3996

## 2. PRINT FULL NAME

Jesse Barnes 652  
(a) Residence, No. 5861 Cates Ave. St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1866

7. AGE YEARS 71 MONTHS 4 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc.....  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) New York City  
(STATE OR COUNTRY) New York

FATHER 13. NAME Henry Schloss

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Johanah Kahn

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs. E. F. Boss  
(ADDRESS) 7709 Lile Ave. Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE APR. 30, 1938

19. FUNERAL DIRECTOR Wm. F. Paschedag  
(ADDRESS) 2825 N. Grand Blvd

20. FILED APR 29 1938 J. D. Budick  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1938 19.....

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1938, to 4-27-38, 19.....

I last saw her alive on 4-27-38, 19..... Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Suppurative acute Date of onset  
artitis, cause  
unknown  
arteriosclerosis  
sepsis cause  
unknown

Other contributory causes of importance: unknown

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify John T. Flynn, M. D.  
(Signed) John T. Flynn  
(Address) City Hospital

**STATEMENT BY LICENSED EMBALMER**

I, Wm. F. Paschedag....., Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L. E.

No. 3575.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Wm. F. Paschedag*

Licensed Embalmer No. 2311

**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.)**