

DEC 12 1938

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

37565
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. **791**
(b) Township 1 Primary Registration District No. **1003**
(c) City **of St. Louis** (d) Street No. **3945 Delmar Ave** St.
(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.

2. PRINT FULL NAME **Infant Michael Barnett, Jr.**
(a) Residence, No. **3945 Delmar Avenue** St. **791**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15, 1938**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn -- --
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**
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) (STATE OR COUNTRY) **St. Louis Missouri**
13. NAME **Michael Barnett, Sr.**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Caruthersville Missouri**
15. MAIDEN NAME **Margaret Varner**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Etta Bena Mississippi**
17. INFORMANT **Michael Barnett, Sr**
(ADDRESS) **3945 Delmar Ave**
18. BURIAL, CREMATION OR REMOVAL PLACE **St. Matthews Cem** DATE **11/16/38**
19. FUNERAL DIRECTOR **A. W. McLaughlin**
(ADDRESS) **2301 Lafayette Avenue**
20. FILED **NOV 16 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/15/38**
22. I HEREBY CERTIFY, That I attended deceased **2/19/38** to **11/15/38**
I last saw him **(dead)** on **11/15/38** at **1030 A** Death is said to have occurred on the date stated above, at **1030 A**
The principal cause of death and related causes of importance were as follows:
Suicide
Date of onset
Other contributory causes of importance: **None**
Name of operation **Physical Exam** Date of **7/10**
What test confirmed diagnosis **Physical Exam** Was there an autopsy? **No**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **7/10**, 19
Where did injury occur? **7/10**
(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 **No**
(Signed) **P. Johnson**, M. D.
(Address) **4611 1/2 Berne**
22064

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.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)