

REC'D APR 12 1939

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

8967

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis / (d) Street No. 3115 New Ashland Place St. **2732**
(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

George S. Barnhouse
(a) Residence, No. 3115 New Ashland Place St. **10**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amelia Barnhouse (Smith)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 29, 1862**

7. AGE YEARS **77** MONTHS **1** DAYS **19** IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
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) **Ohio**

FATHER 13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **George R. Barnhouse**
(ADDRESS) **3115 New Ashland Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens.** DATE **Mar. 23, 1939**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **MAR 23 1939** **J. D. Brubaker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 20, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 17, 1939, to Mar 20, 1939**
I last saw him alive on **Mar. 19, 1939** Death is said to have occurred on the date stated above, at **9:00 AM** m.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage **3/20/39**
Cerebral
Other contributory causes of importance:
Cerebral
Hypertension & Sclerosis **1939**
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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.....
(Signed) **J. D. Brubaker**, M. D.
(Address) **2505 No. Flourens**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buckholz
Licensed Embalmer No. 2110 J
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 this body is not embalmed, above space should be left blank.