

REC'D MAY 10 1939

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

791
100313221
Do not use this space.

Registered No. 3563

1. PLACE OF DEATH

- (a) County..... / Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City ST. LOUIS, MO / (d) Street No. Barnes Hospital 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 BARNES FLORENCE BETHUNE

- (a) Residence, No. 1015 CURRAN St. NR KIRKWOOD MO.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>De. A. S. Barnes jr.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-26-1872</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>house-wife</u>			
	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) <u>Scott Co. Mo.</u>				
FATHER	13. NAME <u>James H. Bethune</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksville Tenn.</u>			
MOTHER	15. MAIDEN NAME <u>Julia W. Bredges</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wolf Island Mo.</u>			

17. INFORMANT Mrs. Marshall Hall
(ADDRESS) 6632 Washington Blvd.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. 4-18-39
19. FUNERAL DIRECTOR (NAME) Alexander and Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED APR 18 1939 J. B. Bredges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17, 193922. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 4-17, 1939I last saw him alive on 4-17, 1939. Death is said to have occurred on the date stated above, at 4:30 m.

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

Generalized Arteriosclerosis
Cerebral edema (mixed cause.)

Date of onset

Other contributory causes of importance:

Arteriosclerotic Heart Disease
Nephro sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. 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? No

If so, specify.....

(Signed) Robt. D. Brubaker, M. D.(Address) Barnes Hospital St. Louis

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.

E. Black signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.