

JAN 12 1940

7811

10764

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County MOUS 3
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
~~None~~ County to City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 25 Years
 years, months or days)

3. (a) PRINT FULL NAME Walter V. Barnum 6553. (b) If veteran, name was Spanish American 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Laura Barnum 6. (c) Age of husband or wife if alive 61 years7. Birth date of deceased February 4, 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 10 13 hr. min.9. Birthplace Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter11. Industry or business Contractor12. Name Ebige Barnum13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Laura Barnum(b) Address 3038 Eads Ave.17. (a) Burial (b) Date thereof 12/19/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lakewood Park18. (a) Signature of funeral director W. M. Laughlin(b) Address 2301 Lafayette Ave.19. (a) DEC 18 1939 (b) J. P. Budach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3038 Eads Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 17
year 1939 hour 8 35 minute PM. M.21. I hereby certify that I deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Sclerosis
 Due to Arteriosclerosis
 Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 94

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury 423. Signature Walter V. Barnum (M.D. or other)Address 3038 Eads Ave. Date signed 12.18.39

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..... *L.P. Payne*

Licensed Embalmer No..... *3633*

P. O. Address..... *2317 1/2 Payne*

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.