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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4065

Registration District No. 757 Primary Registration District No. 8036 Registrar's No. 11

**1. PLACE OF DEATH**

(a) County St Charles

(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)
In this community SIX MONTHS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Charles

(c) City or town St Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 214 N. 5th St
(If rural, give location) O

(e) If foreign born, how long in U. S. A.? ____ years.

92 9 3

3. (a) PRINT FULL NAME REV. CHARLES BARNHARDT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Barnhart

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 30th (Day) 1880 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 3 | 18 | hr. min. |

9. Birthplace Concord (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name John V. Barnhardt
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Christina Petry
15. Birthplace Mount Pleasant (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Charles Bourbeau Jr
(b) Address St Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann-Bohn
(b) Address 326 N 6th St - St Charles Mo

19. (a) 1-20-41 (Date received local registrar) (b) Clarence L. Wessler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 18 year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-18-41 19__, to 1-18- 19 41 that I last saw him alive on 1-18- 19 41 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 4 Hours |
| Due to Essential Hypertension | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations —
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. F. BUDKE (M. D. or other) O
Address in clerk Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Arthur C. Pace

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**