

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(e) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL / 1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

3. (a) PRINT FULL NAME Mose Barnett

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Sadie Weil Barnett 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. August 13, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 16 hr. min.

9. Birthplace Evansville Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

MOTHER FATHER { 12. Name Herman Barnett
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Kronenberger (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Ben Heiman (Ben Heiman)
(b) Address 7047 Tulane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Evansville Ind.

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) SEP 10 1941 (Date received local registrar) (b) J. Bredsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vanderburg
(c) City or town Evansville 12
(If outside city or town limits, write "RURAL")
(d) Street No. 932 S. Elliot N.R. 0
(If rural, give location)
(e) Citizen of foreign country? no 2 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 41 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from September 8, 1941, to September 10, 1941;
that I last saw him alive on September 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration

Due to Rheumatic heart disease

Due to Bronchial asthma

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?

While at work? (Specify type of place) (b) Means of injury
23. Signature Howell (M. D. or other) D.M.O.
Address BARNES HOSPITAL Date signed 9/10/41

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..... *J. W. Dunkley*
Licensed Embalmer No. *3653*
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, fact should be so stated above.