

FILED JUL 6 1942

State File No. 5338  
Registrar's No. 5338

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4211 Red Bud Ave  
(d) Length of stay: In hospital or institution None  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 10 17  
(d) Street No. 4211 Red Bud Ave (If rural, give location) 9  
(e) Citizen of foreign country? No. 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Amelia W. Barnhouse

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George S. Barnhouse 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 10, 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Martinstown Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name James R. Smith  
13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Laura Thorpe  
15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Theodore Barnhouse  
(b) Address 6228 Marmaduke Ave

17. (a) Burial (b) Date thereof 6/24/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 22 1942 (Date received local registrar) J. J. Burch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 9 minute 20 M.

21. I hereby certify that I attended the deceased from 1939, 19, to June 20, 1942 that I last saw h.c.r. alive on June 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 9yr.

Due to

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?

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

23. Signature J. J. Burch (M. D. or other) Address 2503 W. Harrison Date signed 6/24/42

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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. Burkholz*

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, fact should be so stated above.**