S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38457

State File No. 10252

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4895a Farlin Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME WILLIAM T. BARNES

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-4131

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mabel Barnes

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

7. Birth date of deceased May (Month) 4th. (Day) 1875 (Year)

8. AGE: Years 67 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Stix-Bear-Fuller Co.

FATHER
12. Name William Barnes
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine (unknown)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Barnes
(b) Address 4895a Farlin Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 No. Euclid Ave.,

19. (a) DEC 6 1942 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the 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 — Duration
Pulmonary Tuberculosis

Due to
Prostate Hypertrophy

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) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 12/8/42

(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 Albert Mayfield

Licensed Embalmer No. 3077

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.