

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 17 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Cora M. Barnes (Tiede)

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... John Barnes 6. (c) Age of husband or wife if alive..... Unk years

7. Birth date of deceased..... September 28, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 0 hr. min.

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

10. Usual occupation..... Housework

11. Industry or business..... At Home

12. Name..... Unknown Lollace

13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name..... Lena Curtis

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

16. (a) Informant..... William Andrae

(b) Address..... 914 Utah Street.,

17. (a) Burial (b) Date thereof 5/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Billings, Missouri

18. (a) Signature of funeral director..... Albert H. Hoppe, Inc

(b) Address..... 4700 Washington Blvd.,

19. (a) JUN 2 1943 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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. 914 Utah Street.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,
year..... 1943 hour..... 4:47 minute..... A. M.

21. I hereby certify that I attended the deceased from..... May
12, 19..... 43 to..... May 28, 19..... 43;
that I last saw h. ex alive on..... May 28, 19..... 43;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Arteriosclerotic Heart Disease
Duration

Due to..... hypertension

Due to..... atherosclerosis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... as above

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?

23. Signature..... Louis S. Neudorff, MD
While at work?..... (Specify type of place) (e) Means of injury.....
Address..... 1515 Lafayette Avenue, Date signed..... 5/27/43

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

50809

50809

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.