

FILED NOV 20 1943
Registration District No. 318

Primary Registration District No. 1003

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:
ST. Marys INFirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 yrs 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 22
(c) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2137 PAPIN 19
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... A

3. (a) PRINT FULL NAME Annie Barnett

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

4. Sex 37 5. Color or race C 6. (a) Single, widowed, married, divorced. Widow

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

7. Birth date of deceased Feb 4 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 6 ..hr. min.

9. Birthplace Carbondale ILL
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER { 12. Name NOT KNOWN 9
13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name Virgil Hopkins
15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant SAM BROWN

(b) Address 2137 PAPIN

17. (a) Burial (b) Date thereof Nov. 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. J. ...

(b) Address 215 S. Jefferson Ave

19. (a) NOV 13 1943 (Date received local registrar) J. F. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-3-1943 19... to Nov. 10 1943
that I last saw her alive on Nov. 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Decompensation
Chr. Nephritis
Due to Hypertensive in heart disease
Syphilis
Due to Waterline Fibrosis
Other conditions (Include pregnancy within 3 months of death)
301

Major findings:
Of operations Uterine Fibroid
Bilateral Pyosalpinx
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 W. R. Williams (M. D. or other) M.D.
Address 1536 Papin St. Louis Date signed 11/11/43

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

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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.