

FILED SEP 8 1944

Registration District No. 819

Primary Registration District No. 1003

Registrar's No. 7422 ✓

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4594 Cottage Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES BARNETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24th
year 1944 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE 5. Color or Race Negro

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

6. (b) Name of husband or wife Etta Barnett 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 18, 1880
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to _____

Due to _____

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

8. AGE: Years 63 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Henderson Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unk.

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

14. Maiden name Lucy Lee

15. Birthplace Unk Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Barnett

(b) Address 4594 Cottage Ave

17. (a) Burial (b) Date thereof Aug 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Ind. Co.

(b) Address 2431 Lucas Ave

19. (a) AUG 28 1944 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. H. Perry (M, D, or other) _____
Address 1003 _____ Date signed 8/29/44

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

MOTHER FATHER

844

STATE OF TEXAS
HEALTH DEPARTMENT

1988 8 30 10:27

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 Buckson English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas Ave

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.