

FILED NOV 29 1945
 318

1003

Registrar's No. **10055**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4035a W. Florissant Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community _____
 years, months or days)

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. 4035a W. Florissant Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John B. Barnard Sr.
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Olga M. Barnard nee Maul
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 3, 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Florist

11. Industry or business _____

12. Name John B. Barnard
 13. Birthplace Unknown Pa.
 (City, town, or county) (State or foreign country)

14. Maiden name Blanche Burr
 15. Birthplace Unknown Md.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Olga M. Barnard
 (b) Address 4035a W. Florissant Ave

17. (a) Burial (b) Date thereof 11/21/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) NOV 21 1945 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18,
 year 1945 hour 3:45 PM 18 M.
 21. I hereby certify that I attended the deceased from Nov 1 - 1945 to Nov 18 1945
 that I last saw him alive on Nov 18 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease (mitral)
 Duration 4 yrs

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? _____

(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature Francis Mellers (M. D. or other)
 Address 1114 W. Johnson Date signed 11/21/45

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

RECEIVED
OCT 11 1938

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.....

Gustav W. Dietrich

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.