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

6169

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

7219

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1706

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 G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community about 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 13

(d) Street No. 5800 Arsenal 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ALONZO BARNEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 26 (Day) 1866 (Year)

8. AGE: Years 79 Months ~~8~~ 9 Days ~~29~~ 19 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name J. H. Pocock
13. Birthplace Ala. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malisa ?
15. Birthplace Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Burney, Son
(b) Address 4830 St. Lawrence Ave
Chicago, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lee J. Speed
(b) Address 3615-17 Easton ave

19. (a) FEB 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1946 hour 7 minute xx P M.

21. I hereby certify that I attended the deceased from 2-33, 1946, to 2-15, 1946; that I last saw him alive on 2-15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Renal Insufficiency(Uremia)	Unk
Hypertrophy of Prostate, Benign	Unk
Due to	
Due to	

Other conditions Hypertensive Cardiovascular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? (e) Means of injury

23. Signature C. Hancock (M.D. or other)

Address 2601 N Cahetter Date signed 2/18/46

(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 Theodore T. Yandell (Registered Apprentice No.) working under my personal supervision.

Signed Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 93 N. Elm Ave Webster Groves 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.