

No. 2
-12-45
-17-39
X47070

FILED FEB 24 1947

318

1007

1155

Registration District No.

Primary Registration District 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 #1, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Toy Barnes**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **494-28-0208**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. (b) Name of husband or wife **Anna Barnes** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **January 19 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 12 .hr. min.

9. Birthplace **Murray Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Roofer**

11. Industry or business

MOTHER FATHER

12. Name **Toldy Barnes**
13. Birthplace **Unknown Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Thurman**
15. Birthplace **Unknown Well Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Barwell**
(b) Address **5823 Plymouth Avenue,**
Removal (b) Date thereof **2/1/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union City, Tennessee**
18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**
(b) Address **4700 Washington Blvd.,**

19. (a) **FEB 3 1947** (b) **J. F. Brudick**
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Tennessee** (b) County **Obion**
(c) City or town **Union City**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1**
year **1947** hour **5** minute **20A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebellar Apoplexy Left**
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? _____ (e) Means of injury _____
23. Signature **Wm E Taylor** (M. D. or other) _____
Address **Deputy Coroner** Date signed **2/3/47**

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

1155

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 Elmo R. Padurell
Licensed Embalmer No. 4077

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.