

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

MAR 11 1947 318  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
1719 N. Pendleton Ave.  
(d) Length of stay: In hospital or institution. Life time  
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1719 N. Pendleton Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Minnie Barnett

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

4. Sex Female S. Color or race Negro  
6. (c) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 14, 1902  
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 11  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Evans

(b) Address 1719 N. Pendleton Ave

17. (a) Burial (b) Date thereof 3/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) FEB 28 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Feb year 1947 hour minute 11 a.m.

21. I hereby certify that I attended the deceased from May 22, 1946, to Feb 25, 1947, that I last saw her alive on Feb 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Metabolic Insufficiency  
Hypertension  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

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) (c) Means of injury

23. Signature [Signature] (M. D. or other)  
Address 1005 [Address] Date signed 2-28-47

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

MOTHER FATHER

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**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 Fulton E. Calkin

Licensed Embalmer No. 7498

P. O. Address St Louis 13 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.**