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5-17-39  
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DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED APR 8 1947  
#17017 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10524  
3127  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution 10 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County City of St. Louis  
(c) City or town ST. LOUIS  
(d) Street No. 1426 HOGAN Memorial  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME HENRY BARNES

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife MARGARET BARNES 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased June 30 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN 13. Birthplace UNKNOWN 14. Maiden name UNKNOWN 15. Birthplace UNKNOWN

16. (a) Informant LAVERA TODNOR (b) Address 9989 Meadow, Lemay, Mo  
17. (a) Removal (b) Date thereof 3-23-47 (c) Place: burial or cremation BURIAL - KVLIN, Mo

18. (a) Signature of funeral director G. R. COY, FITCH (b) Address Poplar Bluff, Mo  
19. (a) (Date received local registrar) MAR 22 1947 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21st year 1947 hour 6:15 minute P M.  
21. I hereby certify that I attended the deceased from 3/12/47 to 3/21/47, 1947, that I last saw him alive on 3/21/47, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Proliferative pneumonia? Duration  
Due to  
Due to  
Other conditions: Senility  
Major findings: Extensive sclerosis  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (Specify Month of injury)  
23. Signature: 1515 Lafayette 3/22/47 (Date signed)

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

2127

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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 Rex E Campbell  
Licensed Embalmer No 3881  
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.: