

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

FILED MAR 31 1947

Registration District No. 317

Primary Registration District No. 6876

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 3/22/47  
(Specify whether years, months or days) 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, (b) County Missouri  
(c) City or town Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1215 Clinton Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME BARNES, Albert W.

3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Clara Barnes 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August 10, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 7 14 hr. min.

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

10. Usual occupation Flat Roofer

11. Industry or business

MOTHER FATHER

12. Name Unknown ?

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

14. Maiden name Maggie (unknown) 9

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

16. (a) Informant Registrar, Vet. Adm. Hospital,  
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof March 27, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 So. Broadway, St. Louis, Mo.

19. (a) 3-27-47 (b) Ruth G. Hallen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March XX, day 24  
year 1947 hour 11:23 minute A M.

21. I hereby certify that I attended the deceased from March 22, 1947, to March 24, 1947.  
that I last saw him alive on March 24, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death PERFORATED PEPTIC ULCER.

Due to 117  
Due to

Other conditions BRONCHIAL PNEUMONIA  
(Include pregnancy within 3 months of death)

Major findings: Closure Perforated Peptic Ulcer 3/24/47  
Of operations Autopsy performed.  
Of autopsy (See Cause of Death)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(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) (e) Means of injury 0

23. Signature L. E. Stivers (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bkgs., MO Date signed 3/24/47

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

APR 18 1947  
JUN 12 1947

---

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 7814 S. Broadway

**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.**