No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32306

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8903

1. PLACE OF DEATH:
(a) ~~County~~ St. Louis, Mo
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County aao
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 19 3969 Mc Pherson Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Welton Casner Barnes
3. (b) If veteran, name war
3. (c) Social Security No. 492-09-6232
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gladys J. Barnes
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January (Month) 1, (Day) 1887 (Year)

8. AGE: Years 60 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Auburn, (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Distributor
11. Industry or business Alladin Hearing Aid Co.
FATHER
12. Name Casner Barnes
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ophelia Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Gladys Barnes
(b) Address 3969 Mc Pherson Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) SEP 23 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1947 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from September 6 1947 to September 22 1947 that I last saw him alive on September 22 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Myeloma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN
Underline the cause of 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 0

23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital. Date signed 9/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Warren A. Carver

Licensed Embalmer No. 3534

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.