S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2241

State File No.

FILED FEB 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 862

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific O
(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 St Louis 96

(c) City or town ~~St. Louis~~ University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7840 Cornell Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Georgette Jeane Barnes

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife E. Anderson Barnes

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 21 (Day) 1900 (Year)

8. AGE: Years 47 Months 9 Days 5 If less than one day hr. min.

9. Birthplace St. Nazaire, (City, town, or county) France 5 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Pierre Brien
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Marie Pedron
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant E. Anderson Barnes
(b) Address 7840 Cornell Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington D.C. Arlington, Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc
(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 28 1948 (Date received local registrar) (b) J. F. Braeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1948 hour 3:40 minute P M.

21. I hereby certify that I attended the deceased from November 10, 1947 to January 26 1948 that I last saw her alive on January 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, metastatic to abdominal viscera

Due to Carcinoma of right breast

Due to 1939

50

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis of abdomen
Of autopsy Carcinomatosis of abdomen

Duration

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 O

23. Signature Royal A. Weir (M. D. or other)

Address St Louis, Mo. Date signed 1-27-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.