

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2846 Locust St
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME Charlie Barnett
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
 year 1948 hour 10 minute 35 P. M.
21. I hereby certify that I attended the deceased from
March 9 1948 to March 27 1948
 that I last saw him alive on March 27 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death
Miliary Tuberculosis
Lungs not involved
 Due to.....
 Due to.....
 Other conditions None
(Include pregnancy within 3 months of death)

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Major findings:
 Of operations.....
 Of autopsy Yes

8. AGE abt - 68
 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

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) (Meaning of injury)

23. Signature Oliver F. Daniels (M. D. or other).....
 Address 2607 N Whittier Date signed 3/29/48

16. (a) Informant Mary Heaton
 (b) Address 3010 Belle

17. (a) Burial (b) Date thereof Apr. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English Ind. Co
 (b) Address 2931 Locust Ave

19. (a) APR 3 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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 Burton English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave.

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.