

13572

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 11 1949

1003

Registrar's No. 3921

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|--|--|------------------------|--------------------|--|--|---|--|---|------------------------------------|--|-------------------------------------|--|---------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | | Registrar's No. 3921 | | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | | | | | | | |
| c. LENGTH OF STAY (in this place) 1 week | | | | d. STREET ADDRESS (If rural, give location) 1312a Warren | | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) Charles | | | b. (Middle) J. | | | c. (Last) Barnard | | | 4. DATE OF DEATH (Month) (Day) (Year) May 1 1949 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 16, 1872 | | | 9. AGE (In years last birthday) 76 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | | 11. BIRTHPLACE (State or foreign country) Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME unknown | | | | 13b. MOTHER'S MAIDEN NAME unknown | | | | 14. NAME OF HUSBAND OR WIFE Kathryn Barnard | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Kathryn Barnard | | | | | | ADDRESS 1312a Warren | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>adeynamic thrombosis ? leues.</i> | | | | | | | | 2 days. | | |
| | | | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>coronary arteriosclerosis Heart Disease</i> | | | | | | | | 10 yrs. | | |
| | | | | DUE TO (c) <i>arteriolar nephrosclerosis, moderate</i> | | | | | | | | 5 yrs. | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Syphilis.</i> | | | | | | | | unknown | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94a | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 21f. HOW DID INJURY OCCUR? 4-20! | | | | | | |
| 22. I hereby certify that I attended the deceased from 4-27, 1947, to 5-1, 1949, that I last saw the deceased alive on 4-30, 1949, and that death occurred at 6:55 a.m., from the causes and on the date stated above. | | | | | | | | | | | | | | |
| 23a. SIGNATURE <i>Kenneth V. Larson M.D.</i> (Degree or title) | | | | | | 23b. ADDRESS 607 N. Grand Ave | | | 23c. DATE SIGNED 5-2-49. | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-1-49 | | 24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery | | | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | | | | | | |
| DATE REC'D BY LOCAL REG. MAY 2 1949 | | | | REGISTRAR'S SIGNATURE <i>J. B. Foster</i> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

William G. Buckholz

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address.....

*9110
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.