

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22050**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1426**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Ballwin 4)		c. CITY (If outside corporate limits, write RURAL and give township) Ironton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home #1			

3. NAME OF DECEASED (Type or Print)	a. (First) Florence	b. (Middle) Jane	c. (Last) Barnes	4. DATE OF DEATH (Month) (Day) (Year) June 12 1949
-------------------------------------	----------------------------	-------------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1883	9. AGE (In years) (Month) (Day) (Year) 66
----------------------	-------------------------------	--	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife & Seamstress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Scott Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	--

13a. FATHER'S NAME William Ragland	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE George B. Barnes
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Levi E. Barnes, 2632 Fenwood, Haute, Ind.
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemiplegy		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			93d

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Jan 19, 1949**, to **June 12, 1949**, that I last saw the deceased alive on **June 6, 1949**, and that death occurred at **11:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Y. S. Merkle (Degree or title) S	23b. ADDRESS 3507 Polkman	23c. DATE SIGNED 6/12/49
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-14-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
--	--------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. 6-13-49	REGISTRAR'S SIGNATURE Theresa L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
---	---	---	--------------------------------------

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

96
0
0

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.

Student
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.