

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27998
7572

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Queen City		1950			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4625 Maffitt Ave				d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Franklin c. (Last) Barnes			4. DATE OF DEATH Sept. 5 1950						
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1976		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9	IF UNDER 24 HOURS Days 24	IF UNDER 6 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Public service		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Mae Barnes Queen City					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mae Barnes				ADDRESS Queen City, Missouri	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of stomach with emaciation due to pyloric obstruction</i>					INTERVAL BETWEEN ONSET AND DEATH 6 months		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b)							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X					
22. I hereby certify that I attended the deceased from Aug 31, 1950, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 2:00 PM., from the causes and on the date stated above.									
23a. SIGNATURE <i>Schuyler</i> (Degree or title)				23b. ADDRESS 3903 ^a Park		23c. DATE SIGNED 9/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/6/1950	24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery		24d. LOCATION (City, town, or county) Queen City		(State) Mo.		
DATE REC'D BY LOCAL REG. SEP 6 1950		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

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

0292

[Handwritten 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 *me*

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address *St Charles*

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.