

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40191**
Registrar's No. **3855**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ballwin</u>		c. LENGTH OF STAY (in this place) <u>11 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		2217
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home.</u>			d. STREET ADDRESS (If rural, give location) <u>3127 Locust</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Owen</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/27/51</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>7/27/73</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Maintenance man</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>Orphans Home</u>		11. BIRTHPLACE (State or foreign country) <u>Owensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Loton Owen Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>? ?</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Woodrow Divorced</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>488-18-8827</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A Laura Barnes 4625 Westminster</u>			
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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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerous</u>					
		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 <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 6, 1951, to 11/27/51, 1951, that I last saw the deceased alive on 11/27/51, 1951, and that death occurred at 6 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Ambruster</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Missouri & Manchester Roads</u>		23c. DATE SIGNED <u>11/29/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		
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DATE REC'D BY LOCAL REG. <u>11-30-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Ambruster 6633 Clayton Rd.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

4000
4

FILED DEC 15 1951

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.....

No Embalming

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ernest W. Gillers*

Licensed Embalmer No. *4080*

P. O. Address

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.