

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17715

State File No.

4331

FILED MAY 19 1952

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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 12 5247 Cates	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) GRACE		b. (Middle)		c. (Last) BARNES	
5. SEX F		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Dec-6-1913		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR (Month) (Day) (Year) 5 7 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTH PLACE (City and State or Foreign Country) GRADY Ark /	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Jim Blackwell		13b. MOTHER'S MAIDEN NAME Rodet Davis		14. NAME OF HUSBAND OR WIFE John Arthur Barnes	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MATTIE WATSON ADDRESS 5247 Cates	

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) UREMIA					2 MO.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) DIABETES MELLITUS			
		DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (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 April 3, 1952, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 5:10A m., from the causes and on the date stated above.

23a. SIGNATURE FR Brudler (Degree or title) MO		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-13-52		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	
24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY					

DATE REC'D BY LOCAL REG. MAY 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE McNIGHT FUNERAL HOME ADDRESS 3100 EASTON	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4291

P. O. Address 4574 Aldine

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.