

No. 300  
10.48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26524

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1848

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (In this place) <u>25 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7901 LAFOX</u>		e. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u> 4376	
		f. STREET ADDRESS (If rural, give location) <u>7901 LAFOX</u> 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PIERCE</u>	b. (Middle) <u>BUTLER</u>	c. (Last) <u>BARNARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 52</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 26-1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LAWYER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LAWYER - LAW</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>WILLIAM BARNARD</u>	13b. MOTHER'S MAIDEN NAME <u>DONNA BELL</u>	14. NAME OF HUSBAND OR WIFE <u>KETURAH (DEC)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Hailin</u>	ADDRESS <u>7901 Lafox</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 years</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>inanition</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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.) <u>7</u> _____	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, 1950, to July 3, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 3.9 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Edwards</u> (Degree or title)	23b. ADDRESS <u>517 Louis 8</u> <u>3720 Washington Blvd</u>	23c. DATE SIGNED <u>3 July 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Normandy Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-5-52</u>	REGISTRAR'S SIGNATURE <u>Nesbet R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc</u>	ADDRESS <u>Kirkwood Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. ....

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.