

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41076**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2901

1. PLACE OF DEATH a. COUNTY <u>Robert Koch Hospital St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St. Louis</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Koch-Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2219</u> OR TOWN <u>St. Louis, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>21 2933 Thomas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) _____ c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>11-30-12</u>		9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marie, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Louis Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie McDonald</u>		14. NAME OF HUSBAND OR WIFE <u>None</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>198-26-6817</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records at Robert Koch Hospital</u> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Tuberculosis, Far Advanced</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years?</u>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis, Far Advanced</u>		DUE TO (b) _____	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>002X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		DUE TO (d) _____	
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) _____		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 10-28-52, 1952 to 10-31-52, 1952, that I last saw the deceased alive on 10-31-52, 1952, and that death occurred at 4:40pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank G. Russell</u> (Name or title)		23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>10-31-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home</u> ADDRESS <u>2820 Stoddard</u>			

DATE RECD BY LOCAL REG. <u>11-13-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks-Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home</u> ADDRESS <u>2820 Stoddard</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis 137

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.