

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9334

State File No.

2200

Registrar's No.

FILED MAR 31 1955

1003

REG. DIST. NO. **318** PRIMARY REG. DIST. NO.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) 21 1429 Webster		22190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Jetsy			b. (Middle)			c. (Last) Barnett			4. DATE OF DEATH (Month) (Day) (Year) 3-4-1955		
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5. SEX F		6. COLOR OR RACE 3 Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1894		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10b. KIND OF BUSINESS OR INDUSTRY Washington Univ.			11. BIRTHPLACE (City and State or Foreign Country) Arkansas			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME Willis Reynolds			13b. MOTHER'S MAIDEN NAME Smith			14. NAME OF HUSBAND OR WIFE Grant Barnett		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-14-7817A		17. INFORMANT'S SIGNATURE OR NAME Grant Barnett				ADDRESS 1429 Webster	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
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) Duodenal Ulcer; Hypertensive Heart Disease; Cerebral Embolism						Undt.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Auricular Fibrillation	

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.)		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 1-17, 1955, to 3-4, 1955, that I last saw the deceased alive on 3-4, 1955, and that death occurred at 12:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE Edgar B. Whittier			23b. ADDRESS M.D. 2601 N. Whittier			23c. DATE SIGNED 3-5-55		
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
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DATE REC'D BY LOCAL REG. MAR 9 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE E. B. Rooser			ADDRESS 1221 N Grand		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Guylton Swen*.....

Licensed Embalmer No. *458*

P. O. Address *1221 N. G.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.