

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30563**

318

1003

Registrar's No. **7771**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7771		
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-1014 Sanford Avenue				e. STREET ADDRESS (If rural, give location) 1014 Sanford Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) PERCY b. (Middle) LEIGH c. (Last) BARNES			4. DATE OF DEATH (Month) (Day) (Year) 9 3 55					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 25, 1878		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____		IF UNDER 24 Hrs. Days _____		IF UNDER 48 Min. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman			10b. KIND OF BUSINESS OR INDUSTRY burlap bagging		11. BIRTHPLACE (City and State or Foreign Country) Rosendale, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Barnes.			13b. MOTHER'S MAIDEN NAME Fidelia Chase.		14. NAME OF HUSBAND OR WIFE Dimple Vassar Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 255-05-8217		17. INFORMANT'S SIGNATURE OR NAME Dimple V. Barnes - 1014 Sanford Avenue				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular disease due to arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420-1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (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 1947 , 19____, to 9/3/ , 19 55 , that I last saw the deceased alive on 9/3/55 , 19____, and that death occurred at 1:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Elmer Rindman M.D.				23b. ADDRESS 8230 Forsyth - Clayton Mo		23c. DATE SIGNED 9/3/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 9-6-55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. SEP 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS-7233 Delmar Blv'd.				

m. & B. (Licensed Embalmer's Statement on Reverse Side)

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

0230 P O I S Y U N D I V O .
PA 7-0832
11:44.

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 *Arnold W Schoem*.....

Licensed Embalmer No. *386*

P. O. Address *St Louis*.....

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.