

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7540

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 543 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings, Missouri</u>	c. LENGTH OF STAY (in this place) <u>2 Years</u>	c. CITY OR TOWN <u>Jennings, Missouri</u>	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: <u>2528 Tyrrell Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>2528 Tyrrell Avenue,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>L.</u> c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 18 - 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>Jan. 14, 1880</u>
9. AGE (in years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired Steel Worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Levi Barnes</u>	
13b. MOTHER'S MAIDEN NAME <u>Parlee Knox</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Jessie (Separated)</u>	
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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jessie Jennings, 3920a W. Florissant</u>		ADDRESS	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm Tuberculosis</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>		P	
DUE TO (c) <u>asphyxia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		P	
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) <u>4:22 P.M.</u>		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 Feb 11, 1956, to Feb 18, 1956, that I last saw the deceased alive on Feb 17, 1956, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>David L. Light D.C.H.</u>		23b. ADDRESS <u>5738 W. Florissant</u>		23c. DATE SIGNED <u>2/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alexander Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Alexander Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann & Son, Inc. 2161 E. Fair Ave.,</u>			

DATE REC'D BY LOCAL REG. <u>2-20-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann & Son, Inc. 2161 E. Fair Ave.,</u>	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard G. Burnley*.....
Licensed Embalmer No. *460*.....
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.