

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14442
State File No. _____
3369
Registrar's No. _____

FILED APR 26 1957

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

| | | | |
|--|---|---|--|
| 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) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hosp | | e. STREET ADDRESS (If rural, give location) 3922 Cleveland | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) M c. (Last) Barnes | | 4. DATE OF DEATH (Month) (Day) (Year) Apr 6 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr 17 1901 |
| 9. AGE (In years last birthday) 55 | IF UNCL. 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailman | 10b. KIND OF BUSINESS OR INDUSTRY US Post Office | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME William Barnes | | 13b. MOTHER'S MAIDEN NAME Mabel Unknown | 14. NAME OF HUSBAND OR WIFE Gladys Brown Barnes |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 492 24 9018 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Barnes 3922 Cleveland | |
| 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) <i>rhematic heart disease with chronic congestive failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>4/6 x</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>years</i> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min) | 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 <i>3/23, 1957</i> , to <i>4/6, 1957</i> , that I last saw the deceased alive on <i>4/6, 1957</i> , and that death occurred at <i>6:30A m.</i> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Max S. Franklin M.D.</i> | | 23b. ADDRESS <i>634 N. Grand</i> | 23c. DATE SIGNED <i>4/8/57</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr 9 57 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
| DATE REC'D BY LOCAL REG. APR 8 '57 | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette | |

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.....
Signature of Licensed Embalmer

Licensed Embalmer No. 21814
P. O. Address 3125 Palmyra

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.