

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041254  
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar No. 10423

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY St. Clair			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Washington Park 8		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 Barnes Hosp.		Length of stay in lb 3 dyas		d. STREET ADDRESS (If outside, give location) 32 2300 N. 53rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOWELL JOSEPH BARNERD				4. DATE OF DEATH Month Day Year Oct. 30, 1958			
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1913	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk		10b. KIND OF BUSINESS OR INDUSTRY New York Cen. R.R.		11. BIRTHPLACE (City and state or country) Sparks Hill, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathaniel Barnerd		13b. MOTHER'S MAIDEN NAME Elizabeth Newton		14. NAME OF HUSBAND OR WIFE Elsia Barnerd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#11		16. SOCIAL SECURITY NO. 713-05-5534		17. INFORMANT Elsia Barnerd		Address 2300 N. 53rd. East St. Louis, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema and Congestion DUE TO (b) Lower Nephros Nephrosis (right side) (thus all) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS PRESENT AT DEATH (e.g., conditions reported by physician used, went out of car in the vicinity of St. Ange and Park Ave., about 1:45 am.; October 26						INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE AND INJURY OCCURRED (Enter nature of injury on PART I. of this form) In the vicinity of St. Ange and Park Ave., about 1:45 am.; October 26					
20c. TIME OF INJURY Hour a.m. Month, Day, Year 1:45 a.m. 10 26 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office, bldg., etc.) Street		20f. CITY, TOWN OR LOCATION COUNTY STATE St. Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1055 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/31/58	
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial		23b. DATE 11/3/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel		23d. LOCATION (City, town, or county) (State) Belleville, Illinois		
24. FUNERAL DIRECTOR John Kaszy East St. Louis, Ill				25. DATE RECD. BY LOCAL REG. OCT 3 1'58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. C.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300 0

1-57

All diseases in Part I must be causally related.

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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 Not Embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Kasch

Licensed Embalmer No. 68554

P. O. Address East 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.