OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010420

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3159

FILED APR 14 1961

AMENDED

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, give TOWNSHIP only) OR TOWN St. Louis, Mo. | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital DOA | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) R.R. YMCA 20th & Eugenia | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Paul Middle Lawrence Last Barnett

4. DATE OF DEATH Month April Day 2 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Dec. 3, 1893

9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Unk.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Charles Barnett

13b. MOTHER'S MAIDEN NAME Margaret Parker

14. NAME OF HUSBAND OR WIFE Irene M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT Address Paul F. Barnett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-sclerotic heart disease — 3 yrs.

DUE TO (c) Arterio-sclerosis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 23 1958, to March 29, 1961 and last saw her/him alive on March 29, 1961

Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund R. Sheridan, M.D.

22b. ADDRESS 1755 So. Grand Blvd.

22c. DATE SIGNED 4-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4-5-61

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks,

24. FUNERAL DIRECTOR ADDRESS White-Mullen Funeral Home, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG. APR 4 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Reinhold K. Rahm

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address Berkeley,

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.