

APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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File No.
Registered No. 3238
St. Ward

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. (No. 4405 Forest-Park Blvd.)

2. FULL NAME Grace A. Barnes

(a) Residence, No. 4405 Forest-Park Blvd. 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 23 - 37 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Lewis Barnes

22. I HEREBY CERTIFY, That I attended deceased from 1930 - 1937, to Mar 23 - 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-14-1877

I last saw h. or alive on Mar 23, 1927. Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 2 9

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

Chronic Myocarditis

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

[Handwritten signature]

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance

Acute dilatative heart.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

13. NAME Maxwell C. Wood

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Elizabeth L. Floyd

Manner of injury

Nature of injury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mary D. Barnes 4405 Forest-Park Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Terre Haute Ind DATE 3-26-37 19

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

(Signed) Dr. Ulinis A. Frankenthal, M. D.

20. FILED MAR 25 1937 J. Bredbeck Registrar

(Address) *hinton, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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J.P.S.

Dr. Maurice Frankenthal

4500 Olive St.

Forest 3800 from 11 to 1