

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **Deaconess Hospital**) St. **7** Ward **14219**
Registered No. **3745**

2. FULL NAME **Charles Barnes**

(a) Residence, No. **3931 Shreve Ave.**, St. **7** 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

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

13. NAME **Francis Barnes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Athens Ohio**

15. MAIDEN NAME **Elizabeth Twisher**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Easton Ohio**

17. INFORMANT **Frank Barnes**
(ADDRESS) **6711 a Hoffman**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Elmo, Ill** DATE **4/8/37**, 19

19. UNDERTAKER **Edith C. Ambrey**
(ADDRESS) **4234 Manchester Ave**

20. FILED **J. Bredeck**
Regist. **APR 7 1937**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/6/37**, 19

22. I HEREBY CERTIFY, That I attended/deceased from **May 15th**, 19**34**, to **April 7th**, 19**37**
I last saw him alive on **April 7th**, 19**37**. Death is said to have occurred on the date stated above, at **11 a.m.**
The principal cause of death and related causes of importance were as follows:

Cancer of prostate

Date of onset

Other contributory causes of importance:

1. Metastasis - lung

Name of operation **Prostatectomy** Date of **3-27-37**

What test confirmed diagnosis? **Biopsy of prostate** Was there an autopsy? **Yes**

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

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **Claude A. Powell**, M. D.

(Address) **653 Century Pl. St. Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

