

JAN 10 1938

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

43663
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1791**
(b) Township **St. Louis** Primary Registration District No. **2003**
(c) City **St. Louis** (d) Street No. **5963 Julian** Registered No. **11913** St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Barnick**

(a) Residence, No. **5963 Julian** St. **5** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Barnick		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1866		
7. AGE YEARS 71	MONTHS 2	DAYS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as saw mill, bank, etc. at home		
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) Rosedale Indiana		
FATHER	13. NAME Thomas M. Kelly	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Johanna Delehaut	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT (ADDRESS) Robert Barnick 5963 Julian		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 28, 1937		
19. FUNERAL DIRECTOR (ADDRESS) Chas. J. Stuehr 1225 Union Blvd.		
20. FILED DEC 27 1937 J. F. Bredek Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25, 1937**

22. I HEREBY CERTIFY That I attended deceased from **July 1, 1931**, to **Dec 25, 1937**
I last saw her alive on **Dec 25, 1935** Death is said to have occurred on the date stated above, at **3:20 P.M.**
The principal cause of death and related causes of importance were as follows:
cerebral haemorrhage Date of onset **12/24/37**
fracture femur **1860**
Other contributory causes of importance:
fracture femur

Name of operation **thoracic** Date of **Nov**
What test confirmed diagnosis? **thoracic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **accident** Date of injury **7-1, 1937**
Where did injury occur? **St. Louis mo** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home
Manner of injury **fell down while turning**
Nature of injury **fracture femur**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **J. F. Bredek**
(Address) **6673 Kullian Ave.**

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.

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STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart....., Licensed Embalmer No. 3500

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

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.)