

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.

100-Sub 10
 JAN 24 1938

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

46705
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6033
 (c) City Overland (d) Street No. 2841 Wise Ave. Registered No. 343
 (e) Length of residence in city or town where death occurred 24 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edna Barnes
 (a) Residence, No. 2841 Wise Ave. St. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo Barnes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19-1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 10 24
 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.
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Edward Bucher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louisa Bucher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Alonzo Barnes
2841 Wise Ave. Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem DATE 12-16-37

19. FUNERAL DIRECTOR (ADDRESS) Wannamaker Bros Inc.
2504 Woodson Rd - Overland, Mo.

20. FILED 12-16-37 19 37 W. B. Beckner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1937
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 9- 1937, to Dec. 13, 1937
 I last saw him alive on Dec. 13, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia -
 Date of onset Dec. 9 - 37
 Other contributory causes of importance:
La Grippe - 12-7-37

Name of operation no Date of no
 What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Ray A. Keltner, M. D.
 (Address) 2438 Woodson Rd. Overland, Mo.

STATEMENT BY LICENSED EMBALMER

I, Oscar F. Mueller, Licensed Embalmer No. 3039

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

L. E. _____

No. 3039 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Oscar F. Mueller

Licensed Embalmer No. 3039

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.)