

FEB 16 1938

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

4042
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township Brookmont Primary Registration District No. _____
 (c) City St. Louis (d) Street No. 906 Morland Registered No. 95
 (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 GEORGE BARNETT 653
 (a) Residence, No. 906 Morland 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 Male 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 Maudie V. Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-20-1882

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
55 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer

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) _____ 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Missouri

FATHER 13. NAME George W. Bassett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pendleton Co Kentucky

MOTHER 15. MAIDEN NAME Virginia Christy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linnemore Missouri

17. INFORMANT (ADDRESS) William C. Barnett
931 Brownell ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo. DATE Jan 15 1938

19. FUNERAL DIRECTOR (ADDRESS) Parsons Ind. Co
Webster Groves Mo

20. FILED 1-14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:
Suicide by hanging while in a state of mental aberration Date of onset 1/2/38

Other contributory causes of importance:
Psychoneurosis 1/10/38

Name of operation None Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 1/12/38
 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. Home

Manner of injury Suicide by hanging
 Nature of injury Suicide by hanging

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John L. Connell, M.D.
 (Address) Coroner, St. Louis Co.

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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THEODORE ROYER, M.D., Deputy State Registrar

STATEMENT BY LICENSED EMBALMER

I, E. E. Aldrich, Licensed Embalmer No. 1332

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 E. E. Aldrich

Licensed Embalmer No. 1332

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.)