

FEB 16 1938

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

4111  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
 (b) Township Jefferson Primary Registration District No. \_\_\_\_\_ Registered No. 246  
 (c) City Richmond Heights (d) Street No. St. Marys Hospital 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 Kerwin Paul Barnett 653

(a) Residence, No. Lockett Lane St.  Kirkwood Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Feb 1 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant  
 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) St. Marys Hospital Richmond Heights Mo.

FATHER 13. NAME Dr. Cecil E. Barnett M. D.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obion Tenn.

MOTHER 15. MAIDEN NAME Ruth A. Maschoff  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Mo.

17. INFORMANT (ADDRESS) Dr. Cecil E. Barnett M. D. Lockett Lane Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park Feb. 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Bopp Kirkwood Missouri.

20. FILED -L 1938 9. R. Major M.D. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1-38, 1938, to 2-5, 1938

I last saw him alive on 2-5, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Tracheo bronchopneumonia Date of onset \_\_\_\_\_  
Bronchitis \_\_\_\_\_  
Lung Collapse \_\_\_\_\_  
1578

Other contributory causes of importance: \_\_\_\_\_

Name of operation Tracheo bronchopneumonia  
 What test confirmed diagnosis? X-ray operation Was there an autopsy? no

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) Charles James W. Gaulty, M. D.  
 (Address) St. Marys Hospital St. Louis Mo.

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288

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

..... L. E. ....

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

working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 3288

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**