

REC'D APR 11 1938

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

9319

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **3426 Blair** Registered No. **2908**  
 (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. **1** mos. **4** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Effie Ann Barnes 652**

(a) Residence, No. **3426 Blair** St. **2L**  
 (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 **Female** 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) **June 13, 1889**

7. AGE YEARS **58 48** MONTHS **9** DAYS **15** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Troy, Mo.**13. NAME **Tise Barnes**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Troy, Mo.**15. MAIDEN NAME **Isabelle Creech**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Troy, Mo.**17. INFORMANT **Gene Barnes**  
(ADDRESS) **3426 Blair Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Alexander, Mo.** DATE **3-31 38**19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**  
(ADDRESS) **429 North Euclid Ave.**20. FILED **MAR 28 1938** **J. D. Breidick**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 1, 1938, to March 28, 1938**  
 I last saw him alive on **March 20, 1938** Death is said to have occurred on the date stated above, at **7:30 am.**

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

**Carcinoma of Left Breast.**

Date of onset

Other contributory causes of importance: **50**Name of operation **None** Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....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) **Arthur H. Just**(Address) **1901 Madison St.**

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 1861

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 Albert H. Hoppe

Licensed Embalmer No. 1861

**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.)**