

REC'D FEB 10 1939

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

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Do not use this space.

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1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
(b) Township 1003 Primary Registration District No. BARNES HOSPITAL
(c) City St. Louis Mo. (d) Street No. BARNES 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 William Sanford Barnes

(a) Residence, No. 7227 Westmoreland St. Clayton 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willa K. Barnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME John Barnes
14. BIRTHPLACE (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

15. MAIDEN NAME Ella Barnett
16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT (NAME) John K Barnes
(ADDRESS) 7535 N. Mareland

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE 1-13 1939

19. FUNERAL DIRECTOR (NAME) Louis H. Bapp
(ADDRESS) Kirkwood Mo.

20. FILED JAN 12 1939 J. B. Bridgman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 - 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-6-1939, to 1-11-1939

I last saw him alive on 1-11-1939 Death is said

to have occurred on the date stated above, at 4 p.m.

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

Pulmonary embolus
Coronary sclerosis
No Pneumonia
Non Tubercular

Date of onset
1-11-39

Other contributory causes of importance 946

Name of operation Date of

What test confirmed diagnosis? Clinical 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) R. D. Burkes, M. D.

(Address) BARNES HOSPITAL

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John M Meyer

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John M Meyer

Licensed Embalmer No. *3288*

P. O. Address *340 W. Adams*
Perkasie, Pa

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.)

If this body is not embalmed, above space should be left blank.