

B 1 1939

1939 FEB 7

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

3779
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 196
 (c) City Clayton or (d) Street No. St. Louis County 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 David Barnett
 (a) Residence, No. 805 N. Rock Hill, Webster Groves, Mo. (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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 6 1

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

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) Mo.

13. NAME James Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Jane Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

17. INFORMANT daughter, Mrs. C.F. Fisher
 (ADDRESS) 805 N. Rock Hill, Webster Groves, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-23-38, 1938, to Feb. 1-1939, 1939
 I last saw him alive on Feb. 1, 1939, 1939. Death is said to have occurred on the date stated above, at 6:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis and myocardial degeneration
34
 Other contributory causes of importance:
Atherosclerosis, aortic fistula
Sphygmia arteria
 Name of operation dissection of part of Date of 1939
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

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.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) D. R. Roberts, M. D.
 (Address) County Hospital Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. Feb. 3 1939

19. FUNERAL DIRECTOR (NAME) JAY B. SMITH
 (ADDRESS) 7456 Manchester

20. FILED FEB 1 1939 J. H. Meyer, M.D.
 Local Registrar.

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.

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. Burgess*.....

Licensed Embalmer No. *4029*.....

P. O. Address.....

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.