DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34464

Registration District No. 781

Primary Registration District No.

Registrar's No. 9002

1. PLACE OF DEATH: 1005

(a) County: St. Louis

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

FILED NOV 13 1939

(c) Name of hospital or institution: City Hospital # 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Iowa (b) County:

(c) City or town: Des Moines (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location): NO PHYSICIAN IN ATTENDANCE

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Thomas C. Barnes 652

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: October (Month) Unknown (Day) (Year)

8. AGE: Years: about 27 Months: Days: If less than one day: hr. min.

9. Birthplace: Davenport (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Salesman unemployed

11. Industry or business:

MOTHER FATHER

12. Name: Thomas L. Barnes II

13. Birthplace: (City, town, or county) England (State or foreign country)

14. Maiden name: Minnie Lee

15. Birthplace: (City, town, or county) Iowa (State or foreign country)

16. (a) Informant's own signature: Thomas Barnes

(b) Address: 3132 Lafayette Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-23-39 (Month) (Day) (Year)

(c) Place: burial or cremation: Des Moines Iowa

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway

19. (a) OCT 23 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 21st year: 1939 hour: 9(:00 minute: A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death: First, second, and third degree burns of entire body, suffered in a fire in a room which he had

Due to: rented at 2220 N. 11th Street, about 6:30 A.M., October 20, 1939.

Due to: Origin of fire could not be ascertained. Damage to property $50.00

Other conditions: Damage to contents $25.00 (Include pregnancy within 3 months of death)

OPEN VERDICT

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence: October 20, 1939

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)

While at work (a) Means of injury

23. Signature: [signature] (M.D. or other)

Address: [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

30M-5-17-39 Rev. 6-17-39 I X19511

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 Edwin S. B. Dermott

Licensed Embalmer No. 3024

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.