

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9420  
2903

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos 6 das  
(Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Willie Barnes

3. (b) If veteran, name war no  
8. (c) Social Security No. none

4. Sex male  
5. Color or race negro  
6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mary Barnes  
6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Feb. 6, 1920  
(Month) (Day) (Year)

8. AGE: Years 20 Months 1 Days 26  
If less than one day hr. min.

9. Birthplace Little Rock Ark. 1  
(City, town or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name John Barnes

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

14. Maiden name Cora Barnes

15. Birthplace Little Rock Ark 1  
(City, town or county) (State or foreign country)

16. (a) Informant Cora Barnes

(b) Address 904 S. 10th

17. (a) \_\_\_\_\_ (b) Date thereof Mar. 31 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryland, Ark

18. (a) Signature of funeral director English V. ...

(b) Address 2931 Lucas Ave

19. (a) MAR 28 1940 (b) J. O. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 905 S 10th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1940 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from  
December 21, 1939 to March 27, 1940;  
that I last saw him alive on March 27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Tuberculosis 4 mos

Due to Tuberculous Peritonitis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. E. Allen (M. D. or other)

Address 2601 N Whittier Date signed \_\_\_\_\_

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

**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 *Louis V. Atkin*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finner*

**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.**