

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29704
Registrar's No. 1562

Registration District No. 284 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Vinita Park
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ida Barner 656
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erwin Barner 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August 17 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 27 .hr. min.

9. Birthplace Lafe Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business HWT.

MOTHER FATHER
12. Name Charles Penhorst
13. Birthplace New Haven Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lohemeyer
15. Birthplace New Haven Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin Barner
(b) Address 8034 Madison

17. (a) BURIAL (b) Date thereof AUG 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT-LEBANON CEM

18. (a) Signature of funeral director C. R. LUPTON SONS
(b) Address 7233 DELMAR BLVD.

19. (a) AUG 15 1940 (b) V. W. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Vinita Park
(If outside city or town limits write "RURAL")
(d) Street No. 8034 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1940 hour 8 A.M. minute _____ M.

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

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Suicide by Liquid poison
Sodium Arsenite
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 162

Major findings: Of operations _____
Of autopsy _____

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

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

(b) Date of occurrence 8/14/40

(c) Where did injury occur? By my car
(City or town) (County) (State)

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

While at work? no (Specify type of place) (b) Means of injury Driving

23. Signature John L. Luce (M. D. or other) _____

Address Kennett Springs Date signed 8/15/40

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

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.