

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30629
State File No. 7906
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME James Barnes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Barnes
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Sept 12, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 00 8 hr. min.

9. Birthplace: Lexa Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
11. Industry or business _____

MOTHER - FATHER
12. Name Hiram Barnes
13. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Annie Hill
15. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Carroll Lewis
(b) Address 3119 Forestway
17. (a) Lexa Ark. (b) Date thereof 9/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lera Cemetery Ark.

18. (a) Signature of funeral director Bernie Love
(b) Address 3103 Washington Blvd.

19. (a) SEP-23-1940 (b) J. B. [Signature]
(Recorded and indexed) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3119 Hickory
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 20 day _____
year 1940 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Sept 12, 1940, to Sept 20, 1940
that I last saw h. in alive on Sept 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Liver Abscess Duration 1 mo
Cause unknown

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 125 lb

Major findings: Of operations _____
Of autopsy As above
PHYSICIAN _____
Underlines 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? _____

While at work? _____ (Specify type of place) (4) Means of injury _____

23. Signature Clarence Allen (M, D, or other) _____
Address 2601 N Whittier Date signed _____

9/20/40

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 *Melvin Blackburn*

Licensed Embalmer No. *3962*

P. O. Address *3103 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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