

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5499

State File No.

LU MAK 25 1947 91

Primary Registration District No. 1003

Registrar's No. 1747

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 years-5 mos.
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 Biddle
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Mary Liza Barnes

3. (b) If veteran, name war. NO. 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. Col. 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 79 - - - hr. min.

9. Birthplace Mound Sterling Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil.

11. Industry or business.

12. Name Ciff Joung

13. Birthplace Mound Sterling Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Mound Sterling Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant John Parks

(b) Address 3931 A. Cook Ave.

17. (a) Burial (b) Date thereof. Feb. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director. Wright, s Funeral Home

(b) Address 3100 Easton Ave.

19. (a) FEB 24 1941 (b) J. H. Brudick
(Date received for record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19, 1941
year _____ hour 2:00 minute P. A. M.

21. I hereby certify that I attended the deceased from October 24, 1939 to Feb. 19, 1941,
that I last saw her alive on Feb. 19, 1941, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
Old Cerebral Hemorrhage Indef.
Left Hemiplegia
xxx Gangrene Left Foot and Leg
(amputated)
xxx Generalized Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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?

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

23. Signature E. A. McDonald
Address 2601 N. Whittier St. Date signed _____

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

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MOTHER FATHER

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
William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, fact should be so stated above.