

FILED MAR 17 1942

Registration District No.

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3961 Maffitt Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
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. 3961 Maffitt Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2d
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 194, to Feb. 21, 1942
that I last saw him alive on Feb. 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension

Duration
1 day
year

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)
(c) Means of injury _____
23. Signature Arthur Swanson (M. D. or other) M.D.
Address 222 W. 1st St. Date signed 2/24/42

8. (a) PRINT FULL NAME John F. Barnett

8. (b) If veteran, name war _____ 3. (c) Social Security No. 490-226517

4. Sex M 5. Color or race W 6. (a) Single, divorced, MARRIED

6. (b) Name of husband or wife Florence Barnett 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased (Month) 2- (Day) 7- (Year) 1879

8. AGE: Years 62 Months 11 Days 25 If less than one day hr. _____ min _____

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

10. Usual occupation GUARD

11. Industry or business General Cable Co

12. Name William Barnett

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

14. Maiden name Ellen Prendergast

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

16. (a) Informant Florence Barnett

(b) Address 3961 Maffitt Ave

17. (a) BURIAL (b) Date thereof 2-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of general director SULLIVAN

(b) Address 2849 No Euclid Ave

19. (a) 1942 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

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

Q

At Arthur H. Haddock
220th University St
Central 3995

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address Meris 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.