

FILED APR 6 1942

Registration District No. 184

Primary Registration District No. 2nd

Registrar's No. 721

96
00

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Ballwin Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)
In this community 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 001
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME BEN BARNHOOF

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased unk unk 1870
(Month) (Day) (Year)

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

9. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation unk

11. Industry or business unk

MOTHER FATHER
12. Name Henry Randolph
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home
(b) Address Ballwin Missouri

17. (a) (b) Date thereof 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Henry

18. (a) Signature of funeral director W. R. Kelly

(b) Address 3109 Olive

19. (a) MAR 31 1942 (b) C. J. Mc
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 1:20 minute A M.

21. I hereby certify that I attended the deceased from Mar - 1 1942, to March 28 1942
that I last saw him alive on March 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 5

Due to Chronic nephritis

Due to Hypertension

Other conditions Arteriosclerosis
(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 B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 3-28-42

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.....

Licensed Embalmer No.....

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.