

FILED APR 27 1942 91

STANDARD CERTIFICATE OF DEATH

12892

State File No.

3481

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town 3518 LAWTON AVE.
(c) Name of hospital or institution: DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 DAYS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3518 LAWTON AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY CATHERINE BARNES

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

4. Sex FEMALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK BARNES 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased OCT. 21 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 26 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name PATRICK TAAFFE
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE HATTON
15. Birthplace VERMONT
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK J. BARNES

(b) Address 3518 LAWTON AVE.

17. (a) _____ (b) Date thereof 4-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Federal Bldg

19. (a) APR 18 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17,
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from March 25,
1942 to April 17, 1942
that I last saw h.e. alive on April 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardial Dis.

Due to Cerebral Hemorrhage 25 days

Due to Cerebral Arteriosclerosis ?
Encephalomalacia ?

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 0

23. Signature J. P. Nakada (M. D. or other) _____
Address Humboldt Bldg Date signed 4/18/42

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

*Dr J P Matre
Alameda Co 1304 1130-1*

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 7340 Lafayette

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.