

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

19359

Registration District No. **791** Primary Registration District No. **1005** Registrar's No. **5810**

1. 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:
3258 Lafayette Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4055 A. Shaw Blvd**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6th** day **July**
year **1942** hour **11:00** minute **A** **M**

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
**Status Lymphaticus; Shock from
Ether Anesthesia; while undergoing
tonsillectomy at 3258 Lafayette
Ave., about 11:00 A.M. July 6, 1942.**

Duration

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 sta-
tistically.

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 **Alfred Perry** (M. D. or other)
Address **Supply Store** Date signed **7/8/42**

3. (a) PRINT FULL NAME **Evelyn Madira 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 **Single**

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

7. Birth date of deceased **June 25 1925**
(Month) (Day) (Year)

8. AGE: Years **17** Months **0** Days **12** If less than one day
..... hr. min

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

10. Usual occupation **Scholar**

11. Industry or business.....

12. Name **Hobart Barnes**

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

14. Maiden name **Gladys Wood**

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

16. (a) Informant **Hobart Barnes**

(b) Address **4055 A. Shaw Blvd**

17. (a) **Removal** (b) Date thereof **July 9 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richland Missouri**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **III 8 1942** (b) **J. F. Budnik**
(Date received local signature) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank J. Quinn*.....

Licensed Embalmer No. *2445*.....

P. O. Address. *St. Louis 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, fact should be so stated above.