

FILED JUL 28 1942 791

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 6068

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

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town. Webster Groves 96 NK  
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Ridge Ave 7  
(If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME John D Barnett

3. (b) If veteran, name war. none

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1942 hour 11:40 PM minute M.

4. Sex Male 0

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife. ....

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

7. Birth date of deceased August 17 1925  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-29 1942 to 7-13 1942  
that I last saw him alive on 7-13-42  
and that death occurred on the date and hour stated above.

8. AGE: Years 16 Months 10 Days 26  
If less than one day hr. min.

Immediate cause of death: Meningitis Tuberculosis  
Due to Lung, well not unusual  
Due to according to history of  
Other conditions: (Include pregnancy within 3 months of death)

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

10. Usual occupation Nil

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations. 14  
Of autopsy.

MOTHER FATHER

11. Industry or business. ....

12. Name Grover C Barnett

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

14. Maiden name Edith Ripken

15. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Edith Ripken Barnett

(b) Address 511 Ridge Ave Webster Groves

17. (a) Burial (b) Date thereof 7-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood, Mo.

19. (a) JUL 16 1942 J. J. Brucke  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Carl G. ... (M. D. or other)  
Address Webster Groves Mo Date signed 7-14-42

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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 John M Meyer  
Licensed Embalmer No. 3288  
P. O. Address. Kirkwood, 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.