. S. No. 2
M—9-4-41
ev. 5-17-3
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1942 318

State File No. 25656 7344

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. .....

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

000
17
9

1. PLACE OF DEATH:

(a) County .....

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Louis Childrens 0 Ho spital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
17
9

(a) State Mo (b) County 26

(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1313 Howard St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------- 0

3. (a) PRINT FULL NAME Betty Jean Barnett

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 0 ----

6. (b) Name of husband or wife George W Barnett

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

7. Birth date of deceased 3 (Month) 13 (Day) 1929 (Year)

8. AGE: Years 13 Months 5 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Macon County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name George W Barnett
13. Birthplace Chicago (City, town, or county) ILL 1 (State or foreign country)

MOTHER
14. Maiden name Ella MiLLer
15. Birthplace Macon County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant George W Barnett
(b) Address 1313 Howard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 2 (Day) 42 (Year)
(c) Place: burial or cremation St TRINITY L Cem

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2828 St Louis Ave

19. (a) SEP 2 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31
year 42 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 7-28, 1942 to 8-31, 1942
that I last saw her alive on 8-31, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins disease	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy Nothing except Hodgkin	

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

23. Signature [signature] Barnett (M. D. or other)
Address 500 S Kingshighway Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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. 1391

P. O. Address 4106 S. Botanical

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.