

FILED NOV 6 1942

Registration District No. 115

Primary Registration District No. 115

Registrar's No. 2152

1. PLACE OF DEATH

(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7616 GANNON 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 MO. (b) County ST. LOUIS
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7616 GANNON AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY A. BARNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-12-8669

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

6. (b) Name of husband or wife DOVIE MAE BARNETT 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MCH 28 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation BUILDER

11. Industry or business

12. Name GEORGE BARNETT

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

14. Maiden name MRS GIBSON

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

16. (a) Informant Mrs Dovie Mae Barnett

(b) Address 7616 Gannon Ave.

17. (a) BURIAL (b) Date thereof OCT-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director L. Mullen and Co.

(b) Address 5165 DELMAR BLVD.

19. (a) OCT 16 1942 (b) E. S. Mc Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1942 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1941 to Oct 12, 1942; that I last saw him alive on Oct 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 days

Due to MI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 Norton J. Evensoll (M. D. or other) M.D.
Address 4129 Washington Blvd. Date signed 10-16-42

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

Mae

96
3
5

96
3
5

Mr. John H. Eversoll.
4129 Washington
N. 3-5

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. G. Farris

Licensed Embalmer No. 3384

P. O. Address W. Farris

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.

NOV 18 1935