

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38453

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10467

1. PLACE OF DEATH:

(a) County None  
(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 Lifetime  
years, months or days)

3. (a) PRINT  
FULL NAME

ARTHUR F. BARNES

3. (b) If veteran,

name war None

3. (c) Social Security

No. 497-16-1030

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Ivy Barnes

6. (c) Age of husband or wife if

alive 56 years

7. Birth date of deceased

July  
(Month)

7  
(Day)

1881  
(Year)

8. AGE:

Years

61

Months

5

Days

7

If less than one day

hr. min.

9. Birthplace

St. Louis,

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Banker

11. Industry or business

President Manufactures E

12. Name

Arthur Barnes

13. Birthplace

Unknown

(City, town, or county)

England

(State or foreign country)

14. Maiden name

Ashes Brown

15. Birthplace

Unknown

(City, town, or county)

England

(State or foreign country)

16. (a) Informant

Mrs. Ivy Barnes, Wife

(b) Address

425 Algonquin Dr. W. G. Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

12/17/42

(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Hill Cemetery

18. (a) Signature of funeral director

C. Hoffmeister & S. Co.

(b) Address

6464 Chippewa Street

19. (a)

DEC 15 1942

(b)

J. F. Bradeck

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Co.  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 425 Algonquin Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month December day 14th  
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from

December 6, 1942, to December 14, 1942  
that I last saw him alive on December 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis

Duration

2 1/2 hrs.

Due to

Hypertrophic Arteriosclerosis

2 yrs.

Due to

Coronary Artery Disease

3 yrs.

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)

(c) Means of injury

23. Signature Arthur Bradeck (M. D. or other)

Address 2202 University Date signed 12/17/42

Dr. Arthur Gundlach  
2202 University  
Mon. Wed. & Fri.  
5-7 P.M.  
12-2 A.M. ✓

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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.....

*Paul A. Shanklin*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address. *6464 Chippewa*.....

**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.**