

FILED DEC 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11352**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital 3
(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. **419 Cole Street.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Roy Allen Barnhart**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 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 **March 5 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 12 hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business.....

12. Name **John W. Barnhart**

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

14. Maiden name **Hanna Parker**

15. Birthplace **Jefferson County Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Pearl R. Barnhart**

(b) Address **514 W. 3rd St., Muscatine, Iowa**

17. (a) **Burial** (b) Date thereof **12/18/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 18 1943 J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**
year **1943** hour **1:35** minute **A.** M.

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

Immediate cause of death.....

*Chronic Myocarditis
Chronic Interstitial Nephritis*

Due to.....

Due to..... **131**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

23. Signature **[Signature]** (M. D. or other)

Address **[Signature]** Date signed **12/18/43**

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

John Agonochi

Licensed Embalmer No. *3398*

P. O. Address.....

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.