

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1944

Registration District No. 312

Primary Registration District No. 1002

Registrar's No. 962

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:
1020 Armstrong 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 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 Armstrong
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rock Frazer Barnfield

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1944 hour 8 minute 00 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.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 1858
(Month) (Day) (Year)

Immediate cause of death Generalized arteriosclerosis
Due to Demility
Due to _____

8. AGE: Years Months Days If less than one day
Apr 85 hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

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

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Widower

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

14. Maiden name Widower

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

16. (a) Informant James J. Fehman

(b) Address 1300 E. 13th

17. (a) Anatomical Dept (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director W. R. Rutter

(b) Address JAN 31 1944 359 Burton St

19. (a) _____ (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

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 Alfred Harry (M. D. or other) _____

Address Deputy, Brown Date signed 1/12/44

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.....
Licensed Embalmer No.....

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.