

FILED FEB 28 1944 318  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 15 days  
(Specify whether years, months or days)

In this community..... 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Donald Barnette

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

4. Sex..... Male  
 5. Color or race..... Col  
 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..... Nov 24 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 2 19 hr. min.

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

10. Usual occupation..... laborer

11. Industry or business.....

MOTHER, FATHER {  
 12. Name..... Henry Barnett  
 13. Birthplace..... Golconda Ill  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Carrie Woods  
 15. Birthplace..... Golconda Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Carrie Barnette  
 (b) Address..... 2905 Delmar Blvd.

17. (a) Burial (b) Date thereof..... 2-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park

18. (a) Signature of funeral director..... Ellis Funeral Home  
 (b) Address..... 2820 Stoddard St

19. (a) FEB 15 1944 (Date received local registrar)  
J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State..... Missouri (b) County..... 17  
 (c) City or town..... St. Louis, 920  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 2711 Baldwin  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... February day..... 13,  
 year..... 1944 hour..... 8 minute..... 20 A.M.  
January 29, 1944 to February 13, 1944

21. I hereby certify that I attended the deceased from  
February 13, 1944  
 that I last saw h. in alive on February 13, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Luetic Heart Disease  
 Duration..... Unk.

Due to.....  
 Due to..... 309

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

PHYSICIAN

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)  
 (c) Means of injury.....

23. Signature..... J. E. Smith (M. D. or other)  
 Address..... 6607 N. Whittier Date signed..... 2/15/44

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

*myself*

Registered Apprentice No.

*Louise Baykin*  
working under my personal supervision.

Signed

*Louise Baykin*

Licensed Embalmer No.

*2946*

P. O. Address

*St. Louis Mo.*

**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.