

FILED MAR 20 1944
Registration District No. 3747

Primary Registration District No. 6076

Registrar's No. 660

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6103 JULIA 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 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")

(d) Street No. 6103 JULIA AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALVINA BARNES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day March
year 1944 hour 5:20 minute PM

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LEO BARNES SR.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV-16-1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11, 1942, to March 14, 1944
that I last saw him or alive on March 3, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 3 Days 28 If less than one day
hr. _____ min. _____

Immediate cause of death
Cardiovascular Renal Disease
Hypertensive

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Due to _____

Due to _____

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

11. Industry or business _____

12. Name MATTHEW MEYERS

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

14. Maiden name ELIZABETH SCHULTE

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

Major findings: Of operations 1310

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Barnes

(b) Address 6103 Julia ave

17. (a) BURIAL (b) Date thereof 3-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Nat'l Guard Bridge

19. (a) MAR 16 1944 (b) _____
(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 Paul Frosch (M. D. or other) _____
Address 3601 Canaan Dr. Date signed 3/14/44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Henry M. Bramm

Licensed Embalmer No.

4200

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.