

FILED JUN 19 1944

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(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

3. (a) PRINT FULL NAME **Arnold J. Barnett**

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

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Juliet Barnett** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **October 7 1892**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mfg.**

11. Industry or business **Inks**

MOTHER FATHER

12. Name **Ben Barnett**

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

14. Maiden name **Carrie Steinberg**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Juliet Barnett**

(b) Address **5933 Pershing**

17. (a) **Burial** (b) Date thereof **5-24-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindskopf**

(b) Address **5216 Delmar Blvd.**

19. (a) **MAY 23 1944** (Date received local registrar) **J. F. Benedict** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **95**
(If outside city or town limits, write "RURAL")
(d) Street No. **5933 Pershing**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1944** hour **1** minute **10** P.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 _____

Due to **Coronary Occlusion**

Due to **Coronary Sclerosis**

Other conditions **94**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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)
(or) Means of injury _____

23. Signature **Alfred Perry** (M.D. or other) _____
Address _____ Date signed **5/23/44**

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

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 Letter*

Licensed Embalmer No..... *3830*

P. O. Address..... *4355 Washington*

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.