

FILED JUN 13 1944

1003

Registrar's No. 5664

Registration District No. 1308

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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) 0
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 2217
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1428 Papin
(If rural, give location)
(e) Citizen of foreign country? 10 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ruby Barnes

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

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard Barnes 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 8, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 3 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Roy Clark
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Young
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Brown
(b) Address 2615 Lawton Avenue

17. (a) Burial (b) Date thereof 6/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green

(b) JUN 23 1944 3517 Laclede Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20,
year 1944 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from May
30, 19 44 to June 20, 19 44;
that I last saw her alive on June 20, 19 44;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema (Autopsy) 12 hrs.
Due to Cyasis with toxemia of
Pregnancy (history) 7 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (e) Means of injury.....

23. Signature J. M. Mitchell (M. D.)
Address Shawnee Date signed 6/24/44

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

2
43
39
37023

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.....

D. M. Green

Licensed Embalmer No.....

1173

P.O. Address.....

3517 Saclede Ave

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.