No. 2
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22408

FILED JUN 19 1944
Registration District No. 2 7

Primary Registration District No. 3070

Registrar's No. 1294

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. 425 Algonquin Drive 1
(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 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 425 Algonquin Drive 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ivy Berene / Barnes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Arthur F. Barnes

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

7. Birth date of deceased October (Month) 12th (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	7	29	hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Wm. S. Paris

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

MOTHER

14. Maiden name Mary Henderson

15. Birthplace Marion (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. E. Mildred Shannon,

(b) Address Springfield, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6--16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetary

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 6464 Chippewa st.

19. (a) JUN 19 1944 (Date received by Registrar) (b) C. J. McGovern, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Natural causes.

Arteriosclerosis of coronary arteries.

Due to Hypertrophy and dilatation of heart.

Due to Fatty metamorphosis of liver.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 124 1-2

Of autopsy Yes.

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signed Clarence Tobin Coroner (M.D. or other)

Address Clayton, 6-13-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tennessee 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.