

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29102**
8291
Registrar's No.

FILED OCT 6 1944
Registration District No. **818**

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **8 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Robert Barnes

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

4. Sex **Male**
5. Color or race **White**
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. **November 8 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 17 hr. min.

9. Birthplace. **Clarksville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Tobacco Twister**

11. Industry or business. **Christian Peper Tobacco Co.**

12. Name. **Charles Barnes**

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

14. Maiden name. **Elizabeth Bellenn**

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

16. (a) Informant. **C.E. Durr**

(b) Address. **933 Goodfellow Blvd.**

17. (a) **Removal** (b) Date thereof. **9-30-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Louisiana, Missouri**

18. (a) Signature of funeral director. **Albert H. Hoppe**

(b) Address. **4700 Washington Blvd.**

19. (a) **SEP 20 1944** (b) **J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 Montgomery St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25th**
year **1944** hour **10:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **9/23/44**
19 **Sept. 25th** 19 **44**
that I last saw him alive on **Sept. 25th** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Arteriosclerotic heart disease**
Due to.....
Due to.....
Other conditions **Generalized atherosclerosis**
(Include pregnancy within 3 months of death)

Duration

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)
(e) Means of injury?.....
24. Signature **John Thomas** (M. B. or other)
1515 Lafayette Date signed **9/26/44**
Address

(Licensed Embalmer's Statement on Reverse Side)

84x

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

W. Wilkinson

Licensed Embalmer No.

3575

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.