

FILED OCT 23 1944
378

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8832

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life 0 (Specify whether
years, months or days)

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. 1809 Lucas ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joseph Barnett

3. (b) If veteran,

name war none

3. (c) Social Security

No. None

4. Sex

Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Genevieve Barnett

6. (c) Age of husband or wife if

alive 51 years

7. Birth date of deceased

September 25th 1890
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

54

0

19

hr.

min.

9. Birthplace

St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Porter

11. Industry or business

Shoe Factory

12. Name

Madison Barnett

13. Birthplace

St Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Genevieve Barnett

(b) Address

1809 Lucas ave

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

10/20/44
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood Cemetery

18. (a) Signature of funeral director

C. W. Roberts

(b) Address

1416 N. Taylor ave

19. (a)

OCT 18 1944

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Oct

day

13

year 1944

hour

8

minute

00 P. M.

21. I hereby certify that I attended the deceased from

19_____

to

19_____

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(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)

(e) Means of injury

23. Signature

Thomas F. Callahan

Address

Deputy Coroner

Date signed 10-15-44

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..... *Fulton E. Culkin*

Licensed Embalmer No. *498*

P. O. Address..... *St Louis 13 Mo*

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.