

FILED DEC 12 1944

Primary Registration District No. 3069

Registrar's No. 2408

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 min
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 516 N. Harrison
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Silas Y. Barnett
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 28
 year 1944 hour _____ minute 6 P. M.
 21. I hereby certify that I attended the deceased from Nov. 23, 1944, to Nov-28, 1944;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Barnett 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased: Dec 8 - 1862
(Month) (Day) (Year)

Immediate cause of death Uremia Poisoning
 Duration 5 days

8. AGE: Years 81 Months 11 Days 20 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace: Carenth Miss
(City, town, or county) (State or foreign country)

Other conditions Chronic myocarditis 5 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Alexander Barnett

13. Birthplace Tenn
(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 Mrs Anna Barnett

(b) Address 516 N. Harrison

17. (a) Burial (b) Date thereof 11-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Superst Funeral Parl

18. (a) Signature of funeral director Louis J. Bopp

(b) Address Kirkwood, Mo

19. (a) DEC 1 1944 (b) E. H. McEvers, M.D.
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature E. H. McEvers (M. D. or other) _____
 Address 243 N. Jefferson Date signed 11-29-44

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.....

Sam M. Spencer

Licensed Embalmer No. 4343

P. O. Address. 7415 3rd St. N.E. Washington, D.C.

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.