

FILED JAN 16 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Josephine Hospital  
(If not in hospital or institution, write street number & location) 4 days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam co.  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st  
year 1945 hour 3 minute 8 M.  
21. I hereby certify that I attended the deceased from 12-26-44  
\_\_\_\_\_, 19\_\_\_\_, to 1-1-45, 19\_\_\_\_;  
that I last saw him alive on 12-31-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 3 da +  
Due to \_\_\_\_\_

Due to Intestinal Obstruction 7 da  
process

Other conditions (Include pregnancy within 3 months of death) 12.9  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Claude Barnhouse

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mabel Carpenter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. 22 (Month) (Day) (Year) 1884

8. AGE: Years 59 Months 3 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Putnam County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Thomas V. Barnhouse

13. Birthplace Anna Woollever Ohio (City, town, or county) (State or foreign country)

14. Maiden name Anna Woollever Ohio (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred B. Waggener

(b) Address 3802 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Union Missouri

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) JAN 2 1945 (Date received local registrar) J. F. Budick (Registrar's signature)

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

179

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**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

*John Ketter*

Licensed Embalmer No. 3889

P. O. Address. St. Louis 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.**