

**FILED** MAR 30 1946  
318

Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. .... 2633

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: City Sanitarium 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs. lmo. 28 ds.  
(Specify whether  
In this community 21 yrs.  
years, months or days)

3. (a) PRINT FULL NAME JOE BARNEY

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced. sgl

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

7. Birth date of deceased May 28 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 17 hr. \_\_\_\_ min.

9. Birthplace Poland  
(City, town, or county) (State or foreign country) 7

10. Usual occupation Laborer

11. Industry or business.....

12. Name not known 4

13. Birthplace Poland  
(City, town, or county) (State or foreign country) 7

14. Maiden name not known

15. Birthplace Poland  
(City, town, or county) (State or foreign country) 4

16. (a) Informant T. Snigley  
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 3-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen Kelly  
(b) Address 4386 Lindell

19. (a) MAR 19 1946 (b) J. F. Bresick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 137  
(d) Street No. 5400 Arsenal St.  
(If rural, give location) 139  
(e) Citizen of foreign country? Yes (Yes or No) 0  
If yes, name country Poland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1946 hour 12.10 minute A M.

21. I hereby certify that I attended the deceased from 1st 45 to March 15, 1946  
that I last saw him alive on March 15, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Pulmonary Tuberculosis 2 mos.

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature Cyrus Packer (M. D. or other) M.D.  
Address 5400 Arsenal Date signed 3/18/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9785

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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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 8 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.**