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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41891**

**FILED DEC 31 1946**

Registration District No. **1**

Primary Registration District No. **3069**

Registrar's No. **3578**

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. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **few hours**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Dr. Cecil E. Barnett**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Ruth** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 8, 1892**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **4** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Obian Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business \_\_\_\_\_

12. Name **Silas Barnett**

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

14. Maiden name **Anna McGee**

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

16. (a) Informant **Mrs. C. E. Barnett**

(b) Address **Lockett Road, Kirkwood**

17. (a) **Burial** (b) Date thereof **12-26-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Louis H. Perry, Inc.**

(b) Address **131 W. Argonne Dr. Kirkwood**

19. (a) **12-28-46** (b) **Cecil E. Barnett**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24**  
year **1946** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 24**, 19**46** to **Dec 24**, 19**46**  
that I last saw him alive on **Dec 24**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thromboses** Duration **3 days**

Due to **Arterio Sclerosis**  
**Heart Disease** **7 yrs**

Other conditions **93D**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Kipp** (M. D. or other) **12/26/46**

Address **3720 Washington** Date signed **12/26/46**

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: *Pat B. DiBrow*

Licensed Embalmer No. *3091*

P. O. Address *Richmond Heights, 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.**