

FILED MAR 24 1947

1003

2591

Registration District No. _____ Primary Registration District No. _____

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

In this community 21 Years
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. 4254a West Garfield (rear)
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Aurrilla Barnes

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

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joe Barnes 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 18th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58	6	22	hr. _____ min. _____
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9. Birthplace Hartford, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name William Baltzell

13. Birthplace Hartford, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Collins

15. Birthplace Hartford, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Novella Allen

(b) Address 4254a West Garfield (rear)

17. (a) Removal (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensboro, Kentucky

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAR 12 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-4-1947 to 3-10-1947
that I last saw h. et. alive on 3-10-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Hypertensive Heart Disease

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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) _____

(e) Means of injury _____

While at work _____

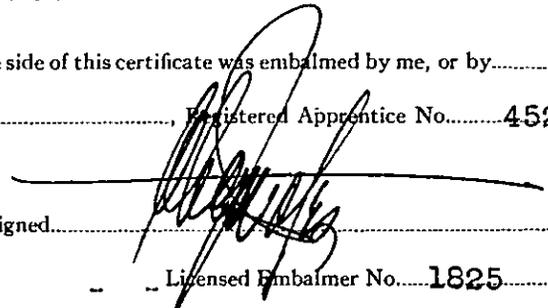
23. Signature R. W. White (M. D. or other) _____
Address 2400 N. Sarah St Date signed _____

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.....

..... John K. Cunningham, Registered Apprentice No. 452,
working under my personal supervision.

Signed..... 

..... Licensed Embalmer No. 1825

P. O. Address. 4107 Finney Avenue

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.