

No. 2
12-45
17-39
X47370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 10526
Registrar's No. 3241

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Isaac Barnett
3. (b) If veteran, name war
3. (c) Social Security No. 704-099399

4. Sex male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced, or married 2 times Married
6. (b) Name of husband or wife Bathia Barnett
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb 13 1896 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name unk

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

14. Maiden name unk (City, town, or county) (State or foreign country)

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

16. (a) Informant Bathia Barnett

(b) Address 1813 1/2 Fallon St.

17. (a) Place of burial Washington Park Cem (b) Date thereof 3-31-47 (Month) (Day) (Year)

(c) Signature of funeral director J. F. Brudeck

(b) Address 149 Bridglist

19. (a) (Date received local registrar) MAR 27 1947 (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1913 1/2 O Fallon (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. 25 day 25
year 1947 hour 2 minute 40 P M.

21. I hereby certify that I attended the deceased from 3-17 1947 to 3-25 1947
that I last saw him alive on Mar. 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident with Hemorrhage

Due to

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

Major findings: Of operations

Of autopsy No

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 Edw. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 3/26/47

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

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

Chas. P. Howell

Licensed Embalmer No.

2452

P. O. Address

2834 Gamble

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.