No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19541

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 10.34

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Eureka (If outside city or town limits, write "RURAL")

(d) Street No. Highway 66 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barnes, Marion

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Ethel Barnes

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 9 (Month) - 23 (Day) - 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	16	hr. min.

9. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Ethel Barnes - wife

(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Allenton Cemetery

18. (a) Signature of funeral director Jno L. Thiebes

(b) Address Pacific Mo

19. (a) 5-12-47 (Date received local registrar) (b) Earl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 9th year 1947 hour 6 minute 40P M.

21. I hereby certify that I attended the deceased from May 1st, 1947 to May 9th, 1947 that I last saw him alive on May 9th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tetanus	10 days
Due to 12	
Due to minor accident	
Other conditions (Include pregnancy within 3 months of death) Atypical pneumonia	

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) struck thumb with

(b) Date of occurrence hammer while doing construc

(c) Where did injury occur? tion work on new house (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 O

23. Signature [signature] MD (M. D. or other)

Address 60 Beechwood Clayton, Mo Date signed 5/9/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1941

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 August T. Bruns Jr.

Licensed Embalmer No. 4338

P. O. Address Rolla, 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.