

FILED SEP 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

7235

Registrar's 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:
 619 Clark Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether

In this community.....
 years, months or days)

3: (a) PRINT FULL NAME Robert Barnaby

3. (b) If veteran, name war..... W.W. #1
 3. (c) Social Security No. 494-07-5970

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie A.
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased July 18 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 54 0 28 hr. min.

9. Birthplace Bologna Italy 3
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Colgate Palmolive Co.

12. Name Frederick Barnaby 5
 13. Birthplace Unknown Italy
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie A. Barnaby

(b) Address 3715 Wyoming

17. (a) Burial (b) Date thereof 8/19/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Wacker-Helders

(b) Address 3634 Gravois Ave.

19. AUG 18 1948

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1500
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3715 Wyoming St. 9
 16 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
 year 1948 hour 5:11 minute 10 P. M.

21. I hereby certify that I attended the deceased from
 _____, 19____, to _____, 19____;that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Thrombosis

Due to.....

Due to..... 94

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?

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

23. Signature (M. D. or other) 8/19/48
 Address Date signed

SEP 21 1975

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

Delia J. Krupin

Licensed Embalmer No.

3497

P. O. Address

3634

Gravac

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.