

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27491**
Registrar's No. **7509**

Registration District No. **310** Primary Registration District No. **1003**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 MOS
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Joseph Barnes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura Barnes 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased September 14 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Contractor

11. Industry or business Self

12. Name King Barnes

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

14. Maiden name unknown

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

16. (a) Informant Laura Barnes

(b) Address 1102 N. Taylor Ave.

17. (a) Burial (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Director

(b) Address 2820 Stoddard St.

19. (a) AUG 27 1948 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

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. 1102 N Taylor
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 25
year 1948 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from
June 9, 19 48, to August 25, 19 48
that I last saw h. im alive on August 25, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis
Duration Undet.

Due to _____

Due to _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)

23. Signature Herbert J. ... (M. D. or other)
Address 2601 N Whittier Date signed 8/26/48

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

MAY 8 1952

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address: St Louis 135

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.