

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22991**
 BIRTH NO. **24085-49** REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis.		
b. CITY (If outside corporate limits, write RURAL and give township) Malden		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 2618 Lemp
d. FULL NAME OF HOSPITAL OR INSTITUTION 606 E. Laclède			d. STREET ADDRESS (If rural, give location) 2618 Lemp		
3. NAME OF DECEASED (Type or Print) a. (First) Raiford b. (Middle) Woodroe c. (Last) Barnes			4. DATE OF DEATH (Month) (Day) (Year) July 21 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH April 14, 1949	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 3 Months Only	IF UNDER 1 YEAR IF UNDER 2 WKS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZENSHIP OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME R. W. Barnes		13b. MOTHER'S MAIDEN NAME Jacqueline Klein		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME R. W. Barnes		ADDRESS St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio Myelitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19123		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) July 21 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 21, 1949 , to July 21, 1949 , that I last saw the deceased alive on July 21, 1949 , and that death occurred at 5 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. J. Schuman			23b. ADDRESS Malden, Mo.		23c. DATE SIGNED July 22/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23	24c. NAME OF CEMETERY OR CREMATORY Old Pendelton	24d. LOCATION (City, town, or county) (State) Doerun Missouri		
DATE REC'D BY LOCAL REG. 7-22-49	REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Day Funeral Home Malden, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1949

RECEIVED JUL 25 1949
District Health Office No. 2
District File Number 249-76
Case Filed

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, M

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.