

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5971

State File No. _____
Registrar's No. 1983

2009
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BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doe Run</u>	
c. LENGTH OF STAY (in this place) <u>9 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Marie</u> c. (Last) <u>Barnhouse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 23 1894</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Francois County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Naumann</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Neider</u>	
14. NAME OF HUSBAND OR WIFE <u>Darcey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Darcey Barnhouse</u>		ADDRESS <u>Doe Run Mo</u>	
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) <u>Post-Infarct Cerebellar Thrombosis and Basilar artery thrombosis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension and Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		5 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 <u>Feb. 17, 1950</u> , to <u>Feb. 26, 1950</u> , that I last saw the deceased alive on <u>Feb. 26, 1950</u> , and that death occurred at <u>6:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard M. Peters M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>	
23c. DATE SIGNED <u>2-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-27-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>DOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doe Run Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	
25. FUNERAL HOME OR SERVICE <u>Rowland Mortuary Service Inc.</u>		4104 Manchester Ave. St. Louis 10, Mo.	

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

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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 *Jan M. Scurro*
Licensed Embalmer No. *4343*
P. O. Address *St Louis 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.