

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2069  
State File No. 23866

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Cuba - Big River Twp.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis - Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Hodiamont Ave.	
d. FULL NAME OF (If in hospital or institution, give street address or location) O'Sullivan - Mo		1483 1/2 Hodiamont St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Wm. Violet E. Barnes	b. (Middle) D. D. S.	c. (Last) S.	4. DATE OF DEATH (Month) (Day) (Year)	7 - 16 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1890	9. AGE (In years last birthday) 59	10. MONTHS 1	11. DAYS 1	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Dentist	10b. KIND OF BUSINESS OR INDUSTRY Dentist	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm Barnes	13b. MOTHER'S MAIDEN NAME Florence Taylor	14. NAME OF HUSBAND OR WIFE Wm Clark
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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. 492-05-5899	17. INFORMANT'S SIGNATURE OR NAME Florence Barnes - See No. 2	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH None
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 4-4 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Kitchell - M.D.	(Degree or title)	23b. ADDRESS St. Clair Mo	23c. DATE SIGNED 7-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19/50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 7-16-50	REGISTRAR'S SIGNATURE Kathleen Marsden	25. FUNERAL DIRECTOR'S SIGNATURE W. Clark	ADDRESS 1125 Hodiamont Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

65083

De W.E. Mitchell  
St. Clair, Mo.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 9-24-50

AUG 3 1950  
RECEIVED  
JEFFERSON COUNTY HEALTH DEPT.

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 Sherwood W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.