

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24262

State File No.

5735

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 15 Minutes	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		f. STREET ADDRESS (If rural, give location) 5130a Wabada Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Ethmer b. (Middle) P. c. (Last) Barnes			4. DATE OF DEATH (Month) (Day) (Year) June, 23, 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1894	9. AGE (In years last birthday) 57	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) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Hose Ware Store		11. BIRTHPLACE (State or foreign country) Pleasant Hill, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas Barnes	13b. MOTHER'S MAIDEN NAME Jessie E. Emmert	14. NAME OF HUSBAND OR WIFE Mrs. Jessie G. Barnes, Wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 492-24-3951	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie G. Barnes, 5130a Wabada Ave.

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		INTERVAL BETWEEN ONSET AND DEATH -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		10 min
	DUE TO (c) Coronary spasm		1 min
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial damage			1 min
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from **May 25, 1951**, to **June 23, 1951**, that I last saw the deceased alive on **June 23, 1951**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Parter	(Degree or title) 0	23b. ADDRESS 4952 Maryland Ave	23c. DATE SIGNED 6/25/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 27/1951	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 25 1951	REGISTRAR'S SIGNATURE J. B. Parter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ✓ Math Hermann & Son, Inc. 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Hubert H. Burnley* _____

Licensed Embalmer No. *4897* _____

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.