

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28038

State File No. 7230

FILED AUG 25 1951

318

1003

S. No. 300  
V. 10.48

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

|   |  |   |  |   |   |   |  |
|---|--|---|--|---|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (In this place) <u>30 Yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |   | <u>2229</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2714 Clark</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>2714 Clark Street</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Valerie Barnes</u><br>b. (Middle) _____<br>c. (Last) <u>Barnes</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>8 11 51</u> |   |   |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>Col</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |   | 8. DATE OF BIRTH <u>10-5-98</u>   |  |
| 9. AGE (In years last birthday) <u>52</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 100 HRS.<br>Hours _____ Mins. _____  |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Texarkana, Ark.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>Andy Moore</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Annie Hall</u>                |   | 14. NAME OF HUSBAND OR WIFE <u>None</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Nellie Murray - 7219 St. Ferd.</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiac Vascular Disease</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |   | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |  |   |   |   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |   | 20. AUTOPSY?<br>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) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR <u>H/2X</u>   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>7/8</u> , 19 <u>51</u> , to <u>8/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/3</u> , 19 <u>51</u> and that death occurred at <u>7:10 A.M.</u> , from the causes and on the date stated above. |  |   |  |   |   |   |  |
| 23a. SIGNATURE <u>Chou - Beal</u> (Degree or title) _____   |  |   |  | 23b. ADDRESS <u>219<sup>5</sup> No. Jefferson Ave</u>   |   | 23c. DATE SIGNED <u>8/13/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   |  | 24b. DATE <u>Aug 16, 1951</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>                  |  |
| DATE REC'D BY LOCAL REG. <u>AUG 14 1951</u>   |  | REGISTRAR'S SIGNATURE <u>E. L. Beal</u>   |  | FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Beal Und.</u>   |   | ADDRESS <u>4303 Delmar.</u>   |  |

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Sheldahl*

Signed.....

Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740<sup>e</sup> Lupp

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.