

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 547

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

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. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>344 Sunningwell Dr.</u>		d. STREET ADDRESS (If rural, give location) <u>344 Sunningwell Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) _____ c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>6/20/73</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days <u>7</u> IF UNDER 12 HRS. Min. <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Kirtland, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Porter Whelpley</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. E. Rollin Barnes</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Milton N. Pauley 344 Sunningwell Dr.</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u>		DUPLICATE OF (a) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized arteriosclerosis</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					

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) <u>4201</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from JAN 1952, 1952, to 2/14/53, 1953, that I last saw the deceased alive on 2/14/53, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed on title) <u>Charles C. Grace Jr. MD</u>		23b. ADDRESS <u>19 E. Lockwood W. G.</u>		23c. DATE SIGNED <u>2/15/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>2/16/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Rock Rd. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-16-53</u>		REGISTRAR'S SIGNATURE <u>Robert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Ambruster 6633 Clayton Rpa</u>	
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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

Ernest W. Gillers

Licensed Embalmer No. *4080*

P. O. Address _____

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.