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Reg. 12739
SL-2619

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 41799

FILED JAN 6 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10710

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand.St.louis,Mo.
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SAINT CLAIR
c. CITY OR TOWN: EAST ST.LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4004 COOKSON ROAD

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**3. NAME OF DECEASED** (Type or Print)
a. (First): ASA
b. (Middle): -
c. (Last): BARNES

**4. DATE OF DEATH** (Month) (Day) (Year): 12-5-55

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 9-9-89
**9. AGE** (In years last birthday): 66 — 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): Switchman
**10b. KIND OF BUSINESS OR INDUSTRY**: Railroad
**11. BIRTHPLACE** (City and State or Foreign Country): Clark City, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Samuel B. Barnes
**13b. MOTHER'S MAIDEN NAME**: Lulu Cassle
**14. NAME OF HUSBAND OR WIFE**: Elizabeth Barnes
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I
**16. SOCIAL SECURITY NO.**: 312 14 4541
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: VA Hosp.Records,915 N.Grand,St.Louis, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — Primary-Left Lung

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Acute myocardial infarction — Unknown

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 162X
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that* VA *attended the deceased from* 12-1, 19 55 *to* 12-5, 19 55, *and that death occurred at* 3:46p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Alan Denk MD — ALAN DENK, M.D.
**23b. ADDRESS**: VAH,915 N.Grand St.Louis,Mo.
**23c. DATE SIGNED**: 12-5-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/8/55
**24c. NAME OF CEMETERY OR CREMATORY**: National Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: DEC 7 1955
REGISTRAR'S SIGNATURE: J Carl Smith M.D. — MRS.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: John Glandy — East St. Louis,
(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by .....Not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joseph J. Kasly.....

Licensed Embalmer No. [illegible]

P. O. Address East St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.