

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2310**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp		e. STREET ADDRESS (If rural, give location) 15 4550 S² Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) G c. (Last) Barnwell		4. DATE OF DEATH (Month) (Day) (Year) 3-5-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-27-1870
9. AGE (to years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER	10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) 111 MOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Carter Barnwell		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Hulda		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 490-12-5613		17. INFORMANT'S SIGNATURE OR NAME Hulda Barnwell ADDRESS 4550 S² Broadway	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Bundle branch block DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 days 29 " unknown
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 434.1	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?

22. I hereby certify that I attended the deceased from **Feb. 6, 1956**, to **Mar. 5, 1956**, that I last saw the deceased alive on **Mar. 4, 1956**, and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. W. Peters	(Degree or title) M.D.	23b. ADDRESS 4145 S. Grand Blvd.	23c. DATE SIGNED 3/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-7-56	24c. NAME OF CEMETERY OR CREMATORY Walshalls	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
DATE REC'D BY LOCAL REG. MAR 5 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE MA. Arlow ADDRESS P. O. 2707 N. Grand	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Francis J. Wyland*.....

Licensed Embalmer No...45

P. O. Address...*St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.