

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17538

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4020

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION En-Route City Hosp.,		d. STREET ADDRESS (If rural, give location) 20 4243 N. Florissant Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Roy c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) 4 20 '56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-5-'25
9. AGE (In years; last birthday) 30		10. IF UNDER 1 YEAR Months Days	10. IF OVER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Box Factory	11. BIRTHPLACE (City and State or Foreign Country) Athens Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G. C. Barnes	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joyce M. Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Joyce Barnes-4243 N. Florissant Ave		ADDRESS	
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) <i>Shot que wound of skull and spine suffered when shot with shot gun in hands of one, Edith Sprano, in room</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Same at 4243 N. Florissant about 9:25 pm. April 20th</i>	
19a. DATE OF OPERATION 1956.		19b. MAJOR FINDINGS OF OPERATION 981X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT OR SUICIDE <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 20 56 9:25 pm</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph M. Tucker</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>4/23/56</i>			
24a. BURIAL (CREMATION) REMOVAL Removal		24b. DATE 4-25-'56	
24c. NAME OF CEMETERY OR CREMATORY National Cem.,		24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo.	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>M. J. B.</i>		ADDRESS Moydell Funeral Home-1926 Allen Ave	

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1956

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 Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address St Louis 4 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.