

FILED SEP 21 1956

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

State File No. 31877

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7905

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Brooklyn	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River		e. STREET ADDRESS (If rural, give location) 680 Hancock Street \$3008	

3. NAME OF DECEASED (Type or Print) Acey	a. (First)	b. (Middle)	c. (Last) Barnett	4. DATE OF DEATH (Month) (Day) (Year) 8 6 1956
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-17-1919	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 10	IF UNDER 1 MIN. Hours 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Tamm, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Abraham Barnett	13b. MOTHER'S MAIDEN NAME Mary McClain	14. NAME OF HUSBAND OR WIFE Lucille Barnett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW 2	16. SOCIAL SECURITY NO. 324-18-1609	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Saunders Funeral Home Brooklyn, New York
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation due to drowning when found in Mississippi River at point of 24th Street, August 6th, 1956.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cause and manner of death could not be determined.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT OR SUICIDE HOME? Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E 929.8
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 42
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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 1059A m., from the causes and on the date stated above.

23a. SIGNATURE Patrick J. Taylor Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 30 8-28-56	24c. NAME OF CEMETERY OR CREMATORY Long Island National Cem.	24d. LOCATION (City, town, or county) (State) Farmingdale, Long Island
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DATE REC'D BY LOCAL REG. AUG 27 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Fulton E. Calkin*

Licensed Embalmer No. *4198*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.