

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6512 Coletta Dr</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6512 Coletta Dr</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Elmer</b> Middle <b>Lee</b> Last <b>Barnes</b>				4. DATE OF DEATH Month <b>9</b> Day <b>12</b> Year <b>1960</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/6/94</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor Laundry State Hospital</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>George B Barnes</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Lee</b>			14. NAME OF HUSBAND OR WIFE <b>Josephine McCandless</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>490 22 9008</b>		17. INFORMANT Address <b>Josephine Barnes 6512 Coletta Dr</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) <b>cardiac failure</b> DUE TO (b) <b>arterio-sclerotic heart</b> DUE TO (c) <b>asym</b>								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <b>4200</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Oct 5 8</b> to <b>12 Sept 60</b> and last saw her <b>22 Sept 60</b> alive on <b>22 Sept 60</b> Death occurred at <b>4:00P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>E. J. Schnur M.D.</b>					22b. ADDRESS <b>2705 Clifton</b>			22c. DATE SIGNED <b>13 Sept 60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9/15/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla</b>			23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>			(State)		
24. FUNERAL DIRECTOR ADDRESS <b>E. J. Schnur 3125 Lafayette</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 14 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

O.K.  
 Paul J. Gorman  
 Deputy Reg. 10/1/60

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Thomas R. Senwid*

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.