

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-01017

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2659 STATE FILE NUMBER 10417

FILED MAR 30 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DE Paul Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3200 Dodier St.</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>R.</u> Last <u>Barnes Jr.</u>			4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>61</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>12-2-25</u>		9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis City</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>James R. Barnes Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Remigia Long</u>			14. NAME OF HUSBAND OR WIFE <u>Shirley Barnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>			16. SOCIAL SECURITY NO.			17. INFORMANT Address <u>Mrs. Barnes 3200 Dodier St.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor (malignant?)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)	
										DUE TO (c) <u>193.0</u>	
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. <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.)							
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 <u>3/10/61</u> to <u>3/19/61</u> and last saw him alive on <u>3/19/61</u> Death occurred at <u>6:20 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>E. A. Smolens</u> (Degree or title)						22b. ADDRESS <u>100 N. Euclid, St. Louis 8, Mo.</u>			22c. DATE SIGNED <u>3-20-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-21-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Robert D. Kinealy</u> ADDRESS <u>2228 St. Louis Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>MAR 20 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>					

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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

*Richard J. George*

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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