

CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ELLA LEONA BARNES		2. Female	3. August 18, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS. MIN.
4. White	5a. 66	5b. _____	5c. _____
6. April 4, 1905	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
7a. St. Louis		7b. Lutheran Hospital	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7c. Yes		7d. never married	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
7e. Missouri		7f. U.S.A.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 488-03-7047		13a. Telephone Operator	
RESIDENCE—STATE COUNTY		KIND OF BUSINESS OR INDUSTRY	
13b. Bell Telephone		13c. Bell Telephone	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Missouri		14b. St. Louis	
14c. Yes		14d. 4246 Neosho	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. George R. Barnes		16. Annie Lee Pellom	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mr. William Cunningham		17b. 1201 Senate Drive, St. Louis, Mo. 63138	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Chronic renal failure			2 weeks
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Diabetic glomerulonephrosis			5 years
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Diabetes mellitus			10 years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
Congestive heart failure			19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. _____
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. _____	20b. _____	20c. _____	20d. _____
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e. _____	20f. _____	20g. _____	20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HER ALIVE ON
21a. I ATTENDED THE DECEASED FROM	6 7 66	8 18 71	21c. 8 17 71
21b. TO			21d. 9:30 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. _____			22b. 9:30 p. m.
22c. 8 18 71			22d. 9:30 p. m.
CERTIFIER—NAME (TYPE OR PRINT)			DEGREE OR TITLE
23a. Geo. A. Koehler M.D.			23b. George Koehler
SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)
23c. _____			23d. 8-20-71
MAILING ADDRESS—CERTIFIER			STATE ZIP
23e. 3654 So Grand			23f. St. Louis, Mo. 63118
STREET OR R.F.D. NO., CITY OR TOWN, STATE			CITY OR TOWN, STATE
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME
24a. Removal			24b. Lakewood Park Cemetery
DATE (MONTH, DAY, YEAR)			LOCATION CITY OR TOWN STATE
24c. August 21, '71			24d. St. Louis County, Missouri
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24e. HOFFMEISTER COLONIAL, 6464 CHIPPEWA ST. LOUIS, MO (63109)			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR SIGNATURE
25a. Richard H. Hoffmeister			25b. William J. Senter
DATE RECEIVED BY LOCAL REGISTRAR			25c. AUG 23 1971
25d. _____			25e. _____

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

4986
9. 1
10a. 66
10b. _____
11. 0
12. 0
13. 250.9
14. _____
15. 4
16. _____
17. _____
18. 0
19. CREDITS
20. _____

2157B

Miss Barnes (city)

Dr. George Koller

~~6744 Clayton Ave.~~ 3654 S. Grand

Phone: ~~674-8888~~

865-3600

Hours: 593-5858

9:30 - 10:30 PM

Miss M.

PREPARED BY GC

CHANGED BY _____

FINAL _____

CHECK BY GC

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 John J. Dennehy
Licensed Embalmer No. 4194
P. O. Address St. Louis, 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.