

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
31832

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 4570A McMillan A.) File No. 9089
 Registered No. 9089 St. 10 Ward 10

2. FULL NAME Evelyn Mae Barrett
 (a) Residence No. 4570A McMillan St. Ward 10
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1928

7. AGE YEARS MONTHS DAYS H LESS than 1 day, 2 hrs. or 45 min.
0 0 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 10, 1928 that I last saw h. alive on Sept 10, 1928, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 161A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... Same

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gross
 (Signed) Dr. W. Gilbert, M. D.
9-11-1928 (Address) 4103 Easton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm N. Barrett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Mae Kasher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Massouri
 (STATE OR COUNTRY)

14. INFORMANT Wm N. Barrett
 (Address) 4570A McMillan A.

15. FILED SEP 11 1928 Wm C Standley
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL 9-11-1928

20. UNDERTAKER Kriegshauser U. Co Manchester Mo
 ADDRESS 4104

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Richard
4-10-11

10-11 A.D.