

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *City Infirmary*)

Registration District No. *780*  
Primary Registration District No. *1003*

File No. *17617*  
Registered No. *4546*

**2. FULL NAME**

(*Barrett, William*) *William Barrett*  
(a) Residence, No. *5900 Arsenal* St. *13* Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *3 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 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) *Aug 6, 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*61 yrs. 9 4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer (Gas Co)*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *81*  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 15*

13. NAME *Mike (Barrett) Barrett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Sarah Cannon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *M. Effinger 5900 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *May 10, 1932*

19. UNDERTAKER (ADDRESS) *J. H. Gebken & Co. 2242 Manchester St.*

20. FILED *MAY -9 1932* *W. H. H. Registrar.*

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 5, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 20, 1931* to *6-5, 1932*  
I last saw him alive on *5-5, 1932* Death is said to have occurred on the date stated above, at *12:15 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Chr Myocarditis*  
*Carcinoma of Stomach*  
*46 B*  
*9:30*  
*1913*  
Other contributory causes of importance: *Old Fr. of Humerus from History cause unknown*

Name of operation..... Date of.....  
What test confirmed diagnosis? *(D)* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify *Melvin H. Jess*, M. D.  
(Signed) *Isolation Hosp*  
(Address)

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.

