

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

Do not use this space.

35088

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City St Louis (No. 4564 A, Wichita Ave) St. .... Ward)

File No. ....  
Registered No. 9302  
St. .... Ward)

**2. FULL NAME** Helia M Barrett

(a) Residence, No. 4564 A Wichita St., 18 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22, 1901</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>11</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Housework</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>at home</u>
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)	<u>Ireland</u>
13. NAME	<u>Patrick Barrett</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ireland</u>
15. MAIDEN NAME	<u>Nora O'Keefe</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ireland</u>
17. INFORMANT	<u>Mrs John Melvin</u>
(ADDRESS)	<u>4564 A Wichita</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<u>Calvary Farm</u>
DATE	<u>10-30</u>
19. UNDERTAKER	<u>Funerary Home</u>
(ADDRESS)	<u>4104 Manchester Ave</u>
20. FILED	<u>23 13 19</u>
	<u>J. H. Bredeck</u> Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1933

22. I HEREBY CERTIFY that I attended deceased from Oct 12 1933 to Oct 26 1933

I last saw him alive on Oct 26 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset 10-24/33  
50  
107A 50

Other contributory causes of importance:  
Clot of right breast with generalized metastases.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

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? no  
If so, specify Jose Grosskreutz M. D.  
(Address) 3661 Center Dr.  
St Louis, Mo.

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.

NOV 10 1933

WRITE PLAINLY; WITH UNFADING INK; THIS IS A PERMANENT RECORD

10/21/57  
O to 1

3601 Center Str

9-10