

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **5658 Cates Ave**)

File No. **14303**

Registered No. **3474**

St. Ward)

2. FULL NAME Dr. Richard L. Barrington

(a) Residence, No. 5658 Cates Ave St. 5 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

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

13. NAME Wm L. Barrington

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

15. MAIDEN NAME Caroline Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs Williams 5133 Raymond

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Ambrose DATE Apr 7, 1934

19. UNDERTAKER (ADDRESS) Alexander and Sons 6795 Delmar

20. FILED APR 10 1934 J. Be deck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1928, to April 3, 1934

I last saw him alive on April 3, 1934. Death is said to have occurred on the date stated above, at 8:07 P.M. The principal cause of death and related causes of importance were as follows:

myocarditis, chronic 1928
nephritis, chronic 1928
Uremia, acute Mar. 28, 1934

Other contributory causes of importance: 1931

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)

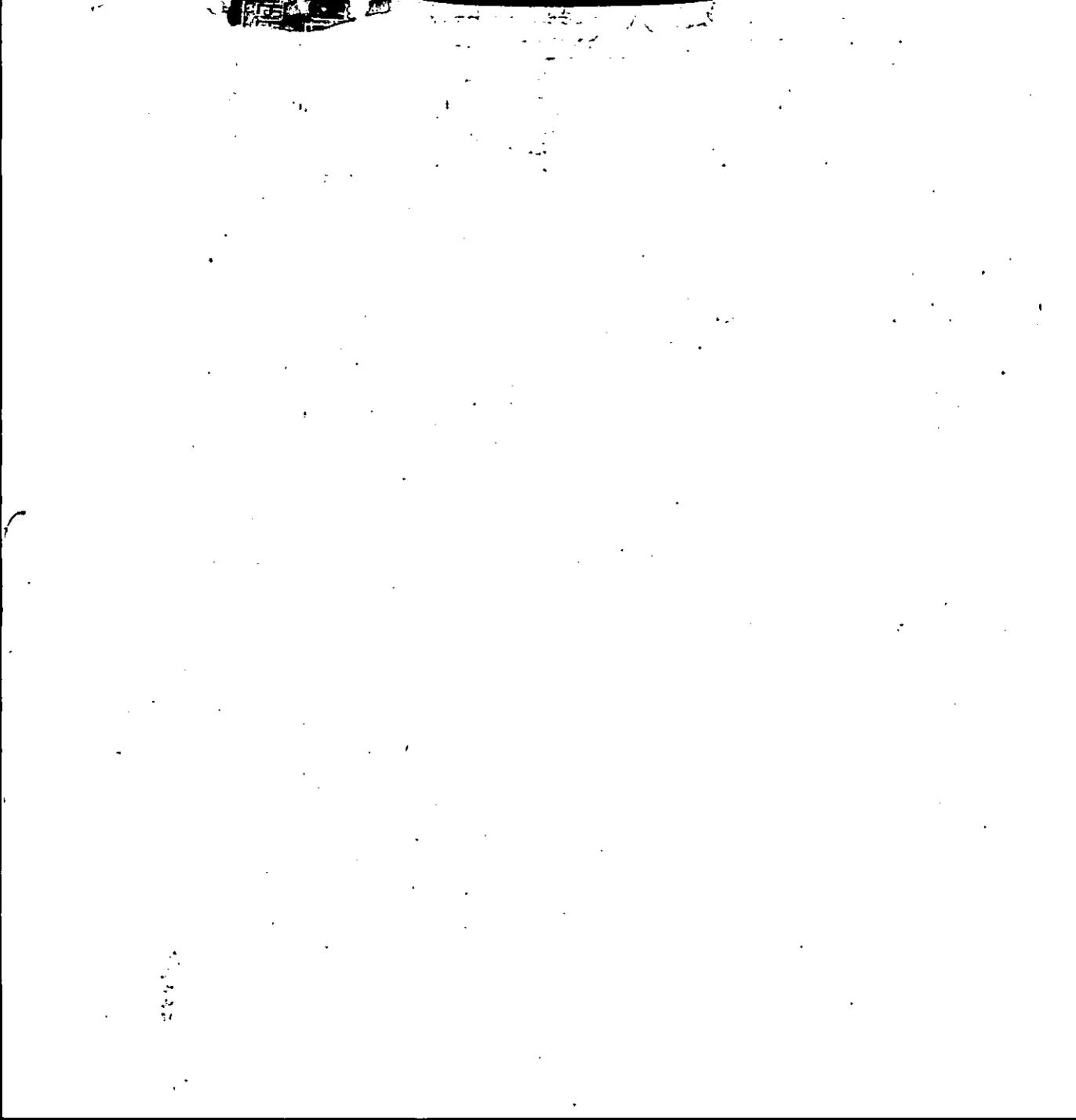
Specify whether injury occurred in industry, in home, or in public place.

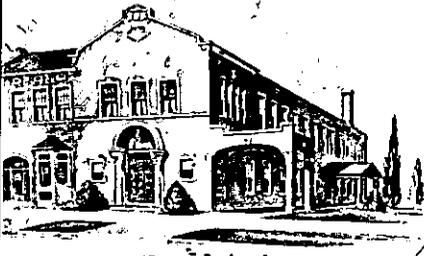
Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify..... (Signed) Harold Phillips, M. D.

(Address) 1117 N. Union Blvd. St. Louis, MO





ALEXANDER & SONS

FUNERAL DIRECTORS

617 1/2 DELMAR BLVD.

SAINT LOUIS

CITY OF ST. LOUIS SS
STATE OF MISSOURI

This is to certify that the above named firm was called on Tuesday April the third 1934 at approximately 9:30 P.M. to get the remains of the late Dr. Richard L. Barrington.

Missouri Baptist San. reports that their record shows that Dr. Barrington died at 8:07 P.M. Tuesday April the third 1934.

And that the following is a true copy of our operating room report.

" 4-3

Dr. Richard L. Barrington- M. 69
57. Chronic Myocarditis- Uremia.
Joe- Henry and Jerry, 9:30 P.M.

Signed and subscribed to before me a Notary Public in and for the above named City and State this 19th day of June 1934 by T.S. Alexander known to me as a member of Alexander and Sons, Funeral Directors.

T.S. Alexander
T.S. ALEXANDER

Wm. G. Alexander
Notary Public.

St. Louis
Permit #3474



Satisfactory Service
for every purpose

RECEIVED
JUN 20 1934

THE STATE BOARD OF HEALTH
OF MISSOURI

S-14203

