

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.

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

Do not use this space.

AUG 27 1935

791

27583

1. PLACE OF DEATH

County Madison  
Township St. Louis  
City St. Louis (No. St. John Hospital)

Registration District No. 1003  
Primary Registration District No. St. John Hospital

File No. 6619  
Registered No. 6619  
St. Altan Ill Ward W.R.

2. FULL NAME

(a) Residence, No. Altan Ill  
(Usual place of abode)

St. W.R. Ward Altan Ill

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 14 mos. 14 ds. How long in U. S., if of foreign birth? 4 yrs. 14 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Barrett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1859  
7. AGE YEARS 76 MONTHS 2 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carrier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shut Metal Shop  
10. Date deceased last worked at this occupation (month and year) Jan 1, 35 11. Total time (years) spent in this occupation 40 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altan Ill

MOTHER 13. NAME James Barrett

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

15. MAIDEN NAME Esthera Crowley

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

17. INFORMANT Edward Barrett  
(ADDRESS) 121 W. 2nd St. Altan Ill

18. BURIAL, CREMATION OR REMOVAL PLACE Altan Ill DATE Aug 5 35

19. UNDERTAKER James A. Hunt  
(ADDRESS) Altan Ill

20. FILED AUG - 2 1935 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1935 to 8-02 1935

I last saw him alive on 8-2 1935, Death is said to have occurred on the date stated above, at Altan Ill

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 930

Other contributory causes of importance:

Arteriosclerosis  
Hypertension  
Hypertrophic prostatic

Name of operation Transurethral Prostatectomy Date of 7-27-35  
What test confirmed diagnosis? No 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? No  
If so, specify .....

(Signed) Louis Kappeler, M. D.  
(Address) 609 Humboldt Bldg

