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

32959
Do not use this space.

OCT 1 1937

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. En Route to City Hosp. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 9013

2. PRINT FULL NAME Joseph B. Barrett
(a) Residence, No. 5025 Milentz Ave. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th 1913
7. AGE: YEARS 23 MONTHS 10 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewery Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Anheuser Busch
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) St. Louis Mo.

FATHER
13. NAME Frank A. Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Kate Hawe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Frank A. Barrett 5025 Milentz Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9-29 1937
19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway
20. FILED SEP 27 1937 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:45A.M.
The principal cause of death and related causes of importance were as follows:
Subdural Haemorrhage of the Brain and Fractured Skull as a result of injuries sustained when struck by one, John Callahan, on the premises 2247 Gravois Avenue, between the hours of 12:00 midnight and 1:00 A.M., September 26, 1937. Homicide.
Date of onset
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 9/26, 1937
Where did injury occur? St. Louis, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Quinn, MPD.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D. McDermott

Licensed Embalmer No. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)