

AUG 11 1939

791
1008

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town 1017 - KUHS-PLACE - ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ROBERT-M- BARRETT 630

3. (b) If veteran, name war no 3. (c) Social Security No. unk

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY. BARRETT 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCT. 26 1866
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace IND
(City, town, or county) (State or foreign country)

10. Usual occupation Watch Man

11. Industry or business Internat. Shoe. Co

12. Name John. Barrett

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget. O'Connor

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Florence. Barrett

(b) Address 1017. Kuhs. Place

17. (a) _____ (b) Date thereof July 19. 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Edw. R. Howard & Son

(b) Address 4212 - St. Louis Ave.

19. (a) JUL 17 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Kuhs Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1939 hour 7 minute 20 a. m.

21. I hereby certify that I attended the deceased from July 10
1939, to July 16, 1939

that I last saw him alive on July 15, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Lo E. Emerson (M. D. or other) _____

Address 3970 Easton Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edw. J. Howard

Licensed Embalmer No. 1443

P. O. Address 4212 St. Louis ave

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.)

If this body is not embalmed, above space should be left blank.