

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 804

1. PLACE OF DEATH:
 (a) County Dr. Lomb
 (b) City or town Richmond Heights
 (c) Name of hospital or institution: St. Mary's Hospital 0
 (If not in hospital or institution, write street number, or location)
 (d) Length of stay: In hospital or institution 2 days
 In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Barrett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 491-16-6930

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emily L. Barrett
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 28, 1871
 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 28
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Vice-President

11. Industry or business Barnes Crosby Company

MOTHER FATHER
 12. Name John Barrett
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilkins Barrett
 (b) Address 448 Carrswald Drive

17. (a) Burial (b) Date thereof Apr. 18, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mrs. J. Robert
 (b) Address 1905 So. Grand Blvd.

19. (a) APR 17 1941 (b) Mary M D
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 96
 (c) City or town Clayton 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 448 Carrswald Drive 5
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 15
 year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 13, 1941 to April 15, 1941
 that I last saw him alive on April 15, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to _____
 Due to _____

Other conditions Mitral Stenosis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: none
 Of operations _____
 Of autopsy none
 Underline the cause to which death should be charged statistically.

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?

 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Lawrence Schlenker M.D.
 Address 3515 S. Grand Date signed 4/16/41

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.