No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19837

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4649

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ladue Village 0
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis Country Club N.R.
(If rural, give location)

(e) Citizen of foreign country? No Attending Physician (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto Barrett

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-05-7398

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 27, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	6	5	hr. min.

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

10. Usual occupation Horseman

11. Industry or business St. Louis Country Club

FATHER
12. Name William Barrett
13. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cora McNeill
15. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Barrett
(b) Address Trails End Stables.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 3 - 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1941 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Albuminuria	
Acute Parenchymatous	
Due to Nephritis caused	
undetermined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

130

PHYSICIAN
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 3

23. Signature Thomas F. Callan (M.D. or other)
Address Deputy Coroner Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.