

2
4-41
-39
26390

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1265

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 8531 Clifton Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo Barrett

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from 6-8-41
19 , to 6-17-41, 19 ;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Gantner Barrett 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 3 1893
(Month) (Day) (Year)

that I last saw h. im alive on 6-17-41
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Perforated appendix Duration 7 day

Due to _____ 121:1

Due to _____

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

10. Usual occupation Electrical contractor

11. Industry or business Self.

MOTHER FATHER { 12. Name Thomas Barrett

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

14. Maiden name Elizabeth Connally

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions Perforated appendix
(Include pregnancy within 3 months of death)

Major findings Perforated appendix
Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Anna Barrett

(b) Address 8531 Clifton Ave. (Jennings)

17. (a) Burial (b) Date thereof 6-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUN 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 6-17-41

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lundell

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, fact should be so stated above.