

FILED MAR 30 1943 **818**

Primary Registration District No. **1003**

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

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:
1907 Hodiamont Ave.,
(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 **Thomas Barrett.**

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

3. (c) Social Security No. **None**

4. Sex **Male** **White** **Married**

5. Color or race

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

6. (b) Name of husband or wife **Mary Ellen Barrett**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 80 hr. min.

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

10. Usual occupation **Retired Street Car Man**

11. Industry or business.....

MOTHER FATHER { 12. Name **Patrick Barrett**

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

14. Maiden name **Bridget Fleming**

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

16. (a) Informant **Mrs. Mary Ellen Barrett**

(b) Address **1907 Hodiamont Ave.,**

17. (a) **Burial** (b) Date thereof **Mar. 10/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark,**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **MAR 30** (b) **J. F. Benedict**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **006**

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")

(d) Street No. **1907 Hodiamont Ave.,**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **7**
year **1943** hour **6.05** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 6th**
19 **43** to **March 7** 19 **43**
that I last saw him alive on **March 7 -** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia 2 days**

Due to.....

Due to..... **107**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

(c) Means of injury **0**

23. Signature **Jos. W. Clark** (M. D. or other)
Address **3601 Center Dr.** Date signed **3/8/43**

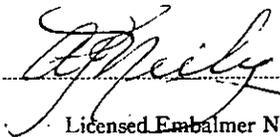
Dr. J.A. Grosskreutz,
3601 Center Drive,
EV. 5188.

Unfiled 10 a.m.

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.....



Licensed Embalmer No. 3225

P. O. Address St. Louis, Mo.

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.