

MAY 27 1949

818

1003

Registration District No.

Primary Registration District No.

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: Luthern Hospital 0
(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 Elizabeth L. Barrett

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

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

7. Birth date of deceased June 26th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John L. Lamm

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

14. Maiden name Elizabeth Weaver

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

16. (a) Informant M. L. Barrett

(b) Address 1160 Wilshire Ave.

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 15 1949 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1160 Wilshire Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 12 1943 to May 14 1943;
that I last saw him alive on May 13 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Polar pneumonia

Due to.....

Due to.....

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

General Atherosclerosis

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 Frank A. Bailey (M. D. or other) Dr
Address 2602 So Grand Date signed 5-14-43

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

MOTHER FATHER

Drafton
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 4537

P. O. Address. St. Louis

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.