

FILED AUG 30 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
In this community 52 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4578 N. Market St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kate Barrett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Aug. 15th., 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Barrett

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

14. Maiden name Kate O'Connell

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

16. (a) Informant Miss Mary Barrett

(b) Address 4578 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-43
(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) AUG 19 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th. year 1943 hour 10 minute 55 a. M.

21. I hereby certify that I attended the deceased from Aug 15- 1943 to Aug 18 1943
that I last saw her alive on Aug 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral Regurgitation Duration ?
hypertension ?

Due to _____
Due to _____

Other conditions Impaired Fracture 4 days
(Include pregnancy within 3 months of death)
pt. Febrile, Intertrochanteric PHYSICIAN
Major findings: Of operations

Of autopsy [Signature]
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident (accident, suicide, or homicide (specify)) Accident 000
(b) Date of occurrence Aug 15 at home
(c) Where did injury occur? own home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature C. A. Stone (M. D. or other) M.D.
Address 3720 Washington Date signed 8-18-43

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.