S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 43676

Registration District No. 317 — Primary Registration District No. 3066 — Registrar's No. 2719

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meacham Park Saratoga Ave 3
(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 Mo (b) County St Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 742 E Big Bend (rear) 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES BARRETT
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced unk 9
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years 1
7. Birth date of deceased AUGUST (Month) 5TH (Day) 1877 (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) W. VIRGINIA 1 (State or foreign country)
10. Usual occupation laborer
11. Industry or business .....
FATHER
12. Name unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country) 7
MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country) 9
16. (a) Informant MRS. FRANK BEARDSLY
(b) Address 330 W. LOCKWOOD, WEB. GROVES
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL
18. (a) Signature of funeral director Parker Sand Co
(b) Address Webster Groves Mo
19. (a) 12-19-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1947 hour ..... minute ..... 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 | |
| Cause unknown | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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)
(e) While at work? ..... (f) Means of injury .....
23. Signature Carl A. Sharp (M. D. or other) 0
Address Commissioner of Health Date signed 12-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 16 1952

APR 15 1952

## 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.

No Embalming

Signed C. C. Aldridge

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.**