

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **27492**
Registrar's No. **7574**

FILED SEP 13 1948

318

Registration District No.

Primary Registration District No.

1003

Registrar's 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:
5549 Vernon 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 Owen Hurley Barrett

3. (b) If veteran,

name war.....

3. (c) Social Security No.

495-07-9022

4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife Ruth Barrett 6. (c) Age of husband or wife if
alive 56 years
7. Birth date of deceased August 23, 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 4 If less than one day
hr. min.

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

10. Usual occupation Food salesman

11. Industry or business self

12. Name James Barrett 9

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

14. Maiden name Lola Palper 9

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

16. (a) Informant Mrs. Ruth Barrett

(b) Address 5549 Vernon Ave.

17. (a) burial (b) Date thereof 9/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

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

(b) Address 1905 Union Blvd.

19. (a) AUG 30 1948 (b) J. F. Bredeak
(Date received local Registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County row
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5549 Vernon Ave. 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 27, 1948
....., 19....., to Aug 27 1948
that I last saw him alive on Aug 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 hr

Due to.....

Due to Previous Coronary attacks 2 mo

Other conditions.....
(Include pregnancy within 3 months of death) 9/4/48

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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)

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

23. Signature Francis Conway (M. D. or other) MD

Address 1259 1/2 Kangshingway Date signed 8/28/48

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

Dr. Francis Conway ()
1869 N. Kensington Hwy
4926 Residence
Set 8 PM

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 Warren A. Carver
Licensed Embalmer No. 3534

P. O. Address _____

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.