FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1948 318 1003

State File No. 33898

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 9528

**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: 2934 N. Euclid Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 50 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County .....

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

(d) Street No. 2934 N. Euclid Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Gertrude P. Barrett,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. N. Barrett,

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 31, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife,

11. Industry or business .....

FATHER
12. Name Douglas A. Phillips,
13. Birthplace Lockport, Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Scollay,
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alroy S. Phillips.
(b) Address 2934 N. Euclid Ave.

17. (a) cremation. (Burial, cremation, or removal) (b) Date thereof 11/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory.

18. (a) Signature of funeral director Wagoner Mortuary.
(b) Address 4161 Lindell Blvd.

19. (a) NOV 3 1948 (Date received by local registrar) (b) J. B. Lasater (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 1 year 1948 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948, to Nov. 1, 1948, that I last saw her alive on Nov. 1, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive heart failure | 48 hrs |
| Due to: Hypertensive cardio-vascular Disease | 10 yrs. |
| Due to: | |
| Other conditions: Broncho pneumonia. (Include pregnancy within 3 months of death) | 24 hrs. |

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)

While at work? (e) Means of injury —

23. Signature Geo. W. Otten (M. D. or other)

Address 3720 Washington Blvd. Date signed 11-2-48

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

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

Geo Ittner
3720 Wash.

## 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 Robert T. Sangster

Licensed Embalmer No. 4290

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.