

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20744**

FILED JUL 15 1949

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>5741</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) township) <b>45 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4041 Connecticut</b>		d. STREET ADDRESS (If rural, give location) <b>16 4041 Connecticut</b>		
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)
<b>Mary</b>		<b>Ann</b>	<b>Barrett</b>	
4. DATE OF DEATH	(Month)	(Day)	(Year)	
<b>7/7/49</b>				
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)
<b>Female</b>	<b>White</b>	<b>single</b>	<b>Nov 2, 1879</b>	<b>69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
<b>housewife</b>	<b>none</b>	<b>Catawissa Mo.</b>	<b>U.S.A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
<b>John T. Barrett</b>		<b>Catherine Ann Brennan</b>	<b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	
<b>no</b>		<b>none</b>	<b>Jane Elizabeth Barrett 4041 Com</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<b>5 days</b>
	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b)			<b>Arterio-sclerosis + Hypertension 8 years</b>
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS			
	Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)
		<b>91</b>		(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
		<b>4500</b>		
22. I hereby certify that I attended the deceased from <b>June 6, 1949</b> , to <b>July 1, 1949</b> , that I last saw the deceased alive on <b>July 1, 1949</b> , and that death occurred at <b>6:20 p.m.</b> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)		23b. ADDRESS	23c. DATE SIGNED	
<b>Walter P. Sidman M.D.</b>		<b>3146 Morgan Blvd.</b>	<b>7-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>7/5/49</b>	<b>Calvary Cemetery</b>	<b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE		
<b>JUL 3 1949</b>	<b>J. B. Lesater</b>	<b>Burkert + Yeager 3801 PUNNICA</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Robert M. Murray

Student .....  
Student Embalmer

Licensed Embalmer No. 3749

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.