

FILED JUN 27 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20745

State File No. 5270

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4				c. LENGTH OF STAY (in this place)				
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17				
d. STREET ADDRESS 12- 708 Clara Ave. 5				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Mary E. Barrett b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1949					
5. SEX F. / W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH 4-20-1868 87		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Florissant, Mo. 0		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Edward Creely		13b. MOTHER'S MAIDEN NAME Euphrinze Marshall		14. NAME OF HUSBAND OR WIFE John B. Barrett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mr. Willard A. Barrett, Melbourne Hotel		
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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 checked="" 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) (STATE)		Holt		
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? 171X				
22. I hereby certify that I attended the deceased from Aug 1948, to June, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE J. J. Roufa M.D. 0				23b. ADDRESS 425 De Baliviere		23c. DATE SIGNED 6-17-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JUN 18 1949		REGISTRAR'S SIGNATURE J. B. Sauter		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

4345 DeKalb Ave
3-6pm

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 _____

W H Van Matre

Signed _____
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address _____

4340 Lafayette

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.