

FILED JUN 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21979

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1296

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City of Clayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>448 CARRSWALD DR.</u>	
3. NAME OF DECEASED a. (First) <u>EMILY</u> b. (Middle) _____ c. (Last) <u>BARRETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 AOG 13 - 1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>10</u>	IF UNDER 24 HRS: Hours <u>10</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>SAN FRANCISCO CALIF.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>JOHN WILKINS</u>	
13b. MOTHER'S MAIDEN NAME <u>GAMAGE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN A. BARRETT (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILKINS BARRETT</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Coma</u> Hepatic Coma Antecedent causes: <u>Chronic disease of liver</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Edema to head</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>known to uncertain 5810</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clayton Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dropped in bathtub</u>	
22. I hereby certify that I attended the deceased from <u>5/18, 1949</u> , to <u>5/23, 1949</u> , that I last saw the deceased alive on <u>5/23, 1949</u> and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS _____	
23c. DATE SIGNED <u>5/25/49</u>		23d. SIGNATURE OF REGISTRAR <u>[Signature]</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 26 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLE FONTAINE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Mo</u>
DATE REC'D BY LOCAL REG. <u>5-26-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1905 Grand Blvd.</u>	

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.

Student
Student Embalmer

Signed *J. Allen Davis Jr*.....

Licensed Embalmer No. *4053*.....

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.