

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No.

17961

4897

318

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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2069</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2519 Semple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2519 Semple</u>				d. STREET ADDRESS (If rural, give location) <u>2519 Semple</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>Peter</u>		c. (Last) <u>Barrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 8, 1885</u>	
9. AGE (to years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>		IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Catawissa, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13a. FATHER'S NAME <u>Francis Barrett</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Gibbons</u>		14. NAME OF HUSBAND OR WIFE. <u>Mary Barrett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>		16. SOCIAL SECURITY NO. <u>492-07-2357</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Barrett 2519 Semple</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u>-3</u> <u>-?</u>	
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) _____		21f. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>AUG 22, 1949</u> , to <u>JUNE 1, 1950</u> , that I last saw the deceased alive on <u>MAY 31, 1950</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. James</u>		23b. ADDRESS <u>504 Thacker St. Louis</u>		23c. DATE SIGNED <u>6/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Chas. F. Smart 1225 Union</u>			

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.

Student
Student Embalmer

Signed Clement McNeary.....

Licensed Embalmer No. 3732.....

P. O. Address St. Louis.....

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.