

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21353

FILED JUN 17 1950

State File No. 4968  
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 4968		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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2109					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS <u>3027 New Ashland Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>J.</u>			c. (Last) <u>Barrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/5/50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/25/1900</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Columbia Ter.</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Patrick Barrett</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Reilly</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Barrett</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 # <u>489-05-1671</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Barrett 3027 New Ashland</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____											
INTERVAL BETWEEN ONSET AND DEATH _____											
*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 checked="" 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) (STATE) _____						
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"/>			21f. HOW DID INJURY OCCUR? <u>HSD</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:44 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>Deputy Coroner 3</u>					23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>6/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coffeen</u>		24d. LOCATION (City, town, or county) (State) <u>Coffeen, Ill.</u>					
DATE REC'D BY LOCAL REG. <u>JUN 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Parata</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Dir. 2849 Euclid</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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Robert L. Bunkema*  
Licensed Embalmer No. *3553*

P. O. Address.....

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.