

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037485  
State File No.

FILED NOV 10 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 3058 Registrar's No. 250

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</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 (If outside corporate limits, write RURAL and give township) <u>St. Charles, Missouri</u>		c. LENGTH OF STAY (in this place) <u>18</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FRONTENAC 4000</u>	
3. NAME OF DECEASED a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>Barrett</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>1</u> (Year) <u>58</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>2-22-78</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	11. BIRTHPLACE (State or foreign country) <u>South Dakota</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>UNKNOWN WAHL</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LATE GEORGE 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 NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HARRIETTE WESTING</u>		ADDRESS <u>2038 N. GEYER</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>with Atherosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholelithiasis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	
20. AUTOPSY? <u>2</u> 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)	
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?		22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>57</u> , to <u>31 Oct</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10/31</u> , 19 <u>58</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Gene D. Dumbler</u>		23b. ADDRESS <u>2110 N. MO</u>	
23c. DATE SIGNED <u>11/3/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>NOV. 5 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>4228 SKINGSHIGHWAY</u>		DATE REC'D BY LOCAL REG. <u>NOV 4-58</u>	
REGISTRAR'S SIGNATURE <u>Marella Wilson</u>		ADDRESS <u>ST. LOUIS, MO.</u>	

NOV 12 1958

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.

Student Embalmer No.....

Signed.....

*Richard W. Stovesand*

Signed.....

Student Embalmer

Licensed Embalmer No. *4007*

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.