

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003846

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 920

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond Heights</b>   |   | c. CITY OR TOWN <b>St. Louis</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>   |   | d. STREET ADDRESS <b>5301 Page Blvd.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alice</b> Middle <b>M.</b> Last <b>Barrett</b>   |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>31st.</b> Year <b>1959</b>   |  |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W.</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Dec. 28, 1884</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Secty.-</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>                            |
| 13. FATHER'S NAME <b>Edward W. Barrett</b>   |   | 14. MOTHER'S MAIDEN NAME <b>Bridget Hopkins</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |   | 16. SOCIAL SECURITY NO. <b>unk.</b>  | 17. INFORMANT <b>Miss Stella Barrett,</b> Address  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Hepatic insufficiency</b>  |   |  | <b>2 years</b>   |
| DUE TO (c) <b>Thyroiditis</b>  |   |  | <b>10 years</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |   |  | 19. WAS AUTOPSY PERFORMED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>253X</b> |  |  |
| 20c. TIME OF INJURY<br>Hour <b>6:30</b> Month, Day, Year   | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |  |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION  | COUNTY   | STATE  |
| 21. I attended the deceased from <b>Dec. 27, 1958</b> to <b>Jan 31, 1959</b> and last saw her alive on <b>Jan 30, 1959</b><br>Death occurred at <b>6:30</b> am on the date stated above; and to the best of my knowledge, from the causes stated |   |  |  |
| 22a. SIGNATURE <b>Augustine Jones</b> (Degree or title)  |   | 22b. ADDRESS <b>3720 Washington Blvd.</b>  | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   | 23b. DATE <b>Feb. 3, 1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>                         |
| 24. FUNERAL DIRECTOR <b>Arthur J. [unclear]</b> ADDRESS <b>10 Lindell Blvd.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>2-2-59</b>   | 26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>   |

*via airmail*  
1905 31st

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. L. Leger*.....

Licensed Embalmer No. *4*.....

P. O. Address *3840 1/2*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.