

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7085

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 203

Registered No. 2055

City St. Louis (No. 4495 W. Pine)

St. .... Ward)

**2. FULL NAME**

James Van Sweringen Barret

(a) Residence No. 4495 W. Pine St., 191 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. Harper Barret

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
66      8      12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Pres Real Estate Exchange  
(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis, Mo.

10. NAME OF FATHER Arthur B. Barret

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Springfield, Illinois

12. MAIDEN NAME OF MOTHER Emie Van Sweringen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Arthur B. Barret, St. Augustine, Florida

15. FEB 24 1928 FILED 1928 Man B. Starckoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22, 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 22, 1928 to Feb 22, 1928 that I last saw him alive on Feb 22, 1928, and that death occurred, on the date stated above, at 3:45 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Haemorrhage  
97 (duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY Arterio-sclerosis (SECONDARY) (duration) 3 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH? Mo.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ... WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. Gallagher M. D. 723, 1928 (Address) 311-313 Wall St. Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Feb 25, 1928

20. UNDERTAKER Wagoner ADDRESS 3624 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

