

REG'D AUG 17 1939 **791**
Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5046 Wabada Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 68 years, months or days)

3. (a) PRINT FULL NAME Charles F. Barrett. 630
8. (b) If veteran, name war _____ 8. (c) Social Security No. 491-14-9370

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 21 hr. _____ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Base Ball Scout.

11. Industry or business St. Louis Cardinals.

MOTHER FATHER { 12. Name John R. Barrett.
13. Birthplace Canada. (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Dolan.
15. Birthplace New York. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nellie Tidsworth
(b) Address 4466 Evans Ave

17. (a) Burial (b) Date thereof July 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 WINDERS BLDG.

19. (a) JUL 6 1939 (b) J. D. Braddock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 6.
(d) Street No. 5046 Wabada Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1939 hour 10 minute P M.
21. I hereby certify that I attended the deceased from several
years, 19____, to July 4, 1939;
that I last saw him alive on July 3, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____
Due to arterial Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert Hyland (M. D. or other)
Address 3901 Park Date signed 7/5-39

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

*Wm. H. Van Matre
3901 e Park Ave*

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *3840 Lindell*

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, above space should be left blank.