

Registration District No. **791**

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: **BARNES HOSPITAL** !
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2.00 - 7 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Alice Thulia BARRETT

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 21 hr. min.

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Private Secretary

11. Industry or business

12. Name Ezra Barrett

13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Ansanda Blackwell

15. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Picard

(b) Address 808 West Delmar, Alton, Ill.

17. (a) Burial (b) Date thereof 3/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4457 Washington St.

19. (a) MAR 1 1940 (b) J. B. Betcher
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NR
(c) City or town JEFFERSON CITY Mo.
(If outside city or town limit write "RURAL")
(d) Street No. POST OFFICE BOX 505
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 4:35 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 21, 1940, to Feb. 28, 1940;
that I last saw her alive on Feb. 28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of bladder urinary

Due to Leukocytosis, probably of leukemoid origin

Due to

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations

Of autopsy

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? 8411
(Specify type of place) While at work? (e) Means of injury

23. Signature M. Anderson (M. D. or other)

Address BARNES HOSPITAL Date signed 2-28-40

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

MOTHER FATHER

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 *Howard P. Rowland*

Licensed Embalmer No. *3114*

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, above space should be left blank.