

FILED AUG 21 1944
Registration District No. **317**

Primary Registration District No. **3064**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Harris**
(c) City or town **Houston**
(If outside city or town limits, write "RURAL")
(d) Street No. **2103 Huldy**
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? **2** years.

8. (a) PRINT FULL NAME **WILLIAM B. BARRETT, Jr.**

8. (b) If veteran, name war **World #2** 8. (c) Social Security No. **Unavailable**

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

6. (b) Name of husband or wife **Jane E. Barrett** 6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **May 12, 1922**
(Month) (Day) (Year)

8. AGE: Years **22** Months **2** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Oklahoma City, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Officer**

11. Industry or business **U. S. Army**

12. Name **William E. Barrett**

18. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Naomi Green**

15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Gardner**

(b) Address **Belleville, Illinois**

17. (a) **Removal** (b) Date thereof **8/10/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Belleville, Ill.**

18. (a) Signature of funeral director **John Gardner**

(b) Address **Belleville, Illinois**

19. (a) **AUG 12 1944** (b) **E. G. Mc Gowan, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10**
year **1944** hour **8** minute **30** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Air Transport Crash**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident** **196**
(b) Date of occurrence **August 10, 1944**

(c) Where did injury occur? **Ferguson St. Louis Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work **Yes** (Specify type of place) (e) Means of injury **See above**

23. Signature **H. S. Greyfogle** (M. D. or other) **M.D.**

Address **601 Brentwood** Date signed **8/11/44**

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

76
0
0

999
11
0
2

Duration
173-8
34

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

Body Not Embalmed.

Signed.....

Pete Gardner

Licensed Embalmer No.....

P. O. Address.....

Belleville, Ill

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.