No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32307

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8953

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hosp.
(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 Mo. (b) County Ono

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5329 Terry Ave. 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles P. Barrett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mgt. Barrett

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

7. Birth date of deceased August 3rd 1884 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	1	21	hr. min.

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

10. Usual occupation Postal Employee

11. Industry or business Post Office; St. Louis, Mo

FATHER
12. Name Thomas Barrett 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Connelly
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mgt. Barrett- Wife,
(b) Address 5329 Terry Ave.,

17. (a) burial (b) Date thereof 9-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cem.

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Ave.,

19. (a) SEP 25 1947 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1947 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from 9/15/47, 19, to 9/24, 1947
that I last saw him alive on 9/24/47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Cancer of Gall Bladder — Duration ?

Due to Cancer of Liver — ?

Due to & abdomen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46

Of autopsy as above

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George L Mehan MD (M. D. or other)

Address 3903 Olive Date signed 9/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Meehan
3903 Olive Je 8737

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 Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address.....

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, fact should be so stated above.