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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 1977

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 7236

Registrar's No. 399

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: # 4 Crestwood Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Clayton
(If outside city or town limits, write "RURAL")

(d) Street No.: # 4 Crestwood Drive
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: May E. T. 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: Married

6. (b) Name of husband or wife: Peter T. Barrett

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: DEC. (Month) 11 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	0	hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

12. Name: John Trautmann

13. Birthplace: Dont Know (City, town, or country) Ohio (State or foreign country)

14. Maiden name: Susan M. Fitzpatrick

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Peter T. Barrett

(b) Address: # 4 Crestwood Drive (Clayton)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) 2-12-48 (Date received local registrar) (b) Cecil J. Clark M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th., year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from February 9, 1948, to Feb 11, 1948, that I last saw him alive on Feb 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulated Post Operative Ventral Hernia

Due to:

Due to: 1226

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Walter R. Hewitt (M. D. or other)

Address: 7649 Delmar Date signed 2/11/48

(Licensed Embalmer's Statement on Reverse Side)

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

7649 Delmar Blvd. 2-4 pm.

MAR 16 1948

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 4340 Lafayette

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.

State of Missouri
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 1236/48
Local Registrar's No.

On this first day of September, 1949, before me appears Peter T. Barrett, who, upon his oath, states that the original record of ~~birth~~ death for May E. T. Barrett, died February 11 —, 1948, in the State of Missouri, and which was filed at ..... on ..... 19....., should be corrected as follows:

Item No. ..... should read May E. T. Barrett
Instead of May E. Barrett

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of My Wife correct names

Item No. ..... should read .....
Instead of May E. T. Barrett

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Peter T. Barrett
Relationship. Husband of Deceased
Present Address. #4 Crestwood Clayton Mo

Subscribed and sworn to before me this 1st day of September, 1949

My Commission expires April 20 1951. Adolph G. Schumacher Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

7236