

No. 300
-10-47
5-17-39
I 3906

State File No. _____
Registrar's No. 8252

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis Co Mo

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

(c) Name of hospital or institution:
ST JOHNS HOSP. U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether years, months or days)

In this community 3 WEEKS

3: (a) PRINT FULL NAME HARRY M BARRICK

3: (b) If veteran name war [REDACTED]

3: (c) Social Security No. 494-10-5579

4. Sex MALE

5. Color or race WHITE

6: (a) Single, widowed, married, divorced MARRIED

6: (b) Name of husband or wife Jacquelyn BARRICK

6: (c) Age of husband or wife if alive 42 years

7. Birth date of deceased NOV. 18 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 29
If less than one day hr. min.

9. Birthplace KENNER CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation PRESS MAN

11. Industry or business _____

12. Name WILLIAM BARRICK

13. Birthplace KENNER CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16: (a) Informant Jacquelyn Barrick

(b) Address 452 Chambers Rd St Louis

17: (a) BURIAL (b) Date thereof SEPT 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FIRSTEN'S CHAP.

18: (a) Signature of funeral director Friedrich F. Stane

(b) Address 8319 Shells Ferry Rd

19: (a) SEP 21 1948 (b) J. F. Beede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS MO

(c) City or town RIVERVIEW GARDENS
(If outside city or town limits, write "RURAL")

(d) Street No. 452 CHAMBERS RD 1
N.R.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17
year 1948 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 25
_____ 1948 to Sept 17 1948;

that I last saw her alive on Sept 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Bilateral Pyelonephritis
non-calculous

Due to Structures of the urethra

Other conditions (Include pregnancy within 3 months of death) 94A

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Robert F. Heston (M. D. or other) _____
Address 634 W. Grand Date signed 9/24/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 *Frank J. McLaw*
Licensed Embalmer No. *2675*
P. O. Address *St. Louis*

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.