

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution 11-6-48 to 12-3-48
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 56
(c) City or town Canton
(d) Street No. #608 Lewis St.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JENNIE SUE BARRETT.
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 10:40 minute P.M.
21. I hereby certify that I attended the deceased from October 1st 1948 to December 3, 1948
that I last saw her alive on December 3rd 1948 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry H. Barrett.
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Nov. 16 1869 (Month) (Day) (Year)

Immediate cause of death Cardiac failure Sudden painless. Probably massive occlusion coronary
Due to Chronic myocarditis
Duration 5 minutes 1 year +

8. AGE: Years Months Days If less than one day
79 - - - 17 hr. min.

Due to Hypertensive cardiovascular with arteriosclerosis
Other conditions
Major findings: None
Of operations: None
Of autopsy: None
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Birthplace Canton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name David R. Asbury.
13. Birthplace unknown Ky. / (City, town, or county) (State or foreign country)

14. Maiden name Della Staples. (City, town, or county) (State or foreign country)
15. Birthplace unknown Mo. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.P. Horner.
(b) Address 421 West Point Court.

17. (a) Burial (b) Date thereof 12/6/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) DEC 4 1948 (Date received local registrar)
(b) J.B. Barater (Registrar's signature)

22. If death was due to external causes, fill in the following: no
(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

23. Signature Fred W. Clark (M. D. or other) MD
Address 837 Hamilton St. Louis 12 Date signed 12-9-48

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

MOTHER FATHER

JAN 15 1954

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 Clarence F. Murray
Licensed Embalmer No. 4911
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, fact should be so stated above.