

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17717

MAY 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4191

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 45 <sup>th</sup> OR TOWN Clayton 4452	
		d. STREET ADDRESS (If rural, give location) 404 So. Hanley Road	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Barrett	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1952.
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5. SEX / F.	6. COLOR OR RACE / W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Married	8. DATE OF BIRTH / Nov. 18, 1909	9. AGE (In years last birthday) / 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / At Home	11. BIRTHPLACE (City and State or Foreign Country) / St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? / U. S.
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13a. FATHER'S NAME / Dr. Harvey S. McKay	13b. MOTHER'S MAIDEN NAME / Florence Newell	14. NAME OF HUSBAND OR WIFE / R. M. S. Barrett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME / Dr. R. M. S. Barrett	ADDRESS / 404 So. Hanley Rd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH / 8 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) / Cirrhosis of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION / No operation	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) / No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? / 581.0
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22. I hereby certify that I attended the deceased from 5-15-1950, to 5-2-1952, that I last saw the deceased alive on 5-4-1952 and that death occurred at 9.00P m., from the causes and on the date stated above.

23a. SIGNATURE / R.V. Powell, M.D.	23b. ADDRESS / 3720 Washington, St. Louis, Mo.	23c. DATE SIGNED / 5-5-52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial	24b. DATE / May 6, 1952	24c. NAME OF CEMETERY OR CREMATORY / Calvary Cemetery	24d. LOCATION (City, town, or county) (State) / St. Louis, Mo.
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DATE REC'D BY LOCAL REG. / MAY 5 1952	REGISTRAR'S SIGNATURE / [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE / [Signature]	ADDRESS / 3840 Audubon
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*W H Van Matre*

Licensed Embalmer No. 2825

P. O. Address. 4340 S. 2nd St

**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.