

STANDARD CERTIFICATE OF DEATH

State File No. **2557**
Registrar's No. **0783**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. James	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 0810 / 1	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Lester c. (Last) Barrett			4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1954
--	--	--	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5 1916	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A
---	---	--	--	---

13a. FATHER'S NAME George Barrett	13b. MOTHER'S MAIDEN NAME Ollie Norris	14. NAME OF HUSBAND OR WIFE Mary Barrett	
--	---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-10-8904	17. INFORMANT'S SIGNATURE OR NAME Mary Barrett, St. James, Missouri.		ADDRESS
---	--	---	--	---------

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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism; Recurrent	ANTECEDENT CAUSES	DUE TO (b) cardiac failure	DUE TO (c) myocarditis. ?	2 mo 2
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				18 mo 2
				3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

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? 4222
---	--	---

22. I hereby certify that I attended the deceased from Jan 1953, to 1-22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 3:00Pm., from the causes and on the date stated above.

23a. SIGNATURE Arthur R. Jurske, M.D. (Degree or title)	23b. ADDRESS 18 South Kingshighway Blvd	23c. DATE SIGNED 1-25-54
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-25-54	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Missouri.
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. JAN 25 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *47*

P. O. Address... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.