

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17309
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips** St.
(e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Arthur Lee Barry**

(a) Residence, No. **2220 Spruce** St. **22**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **-----**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28, 1921**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
17 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Mississippi** (STATE OR COUNTRY)

FATHER 13. NAME **Eliga Barry**

14. BIRTHPLACE (CITY OR TOWN) **Louisiana** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Gertrude Jones**

16. BIRTHPLACE (CITY OR TOWN) **Mississippi** (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washburn Mortuary** DATE **5/29/39**

19. FUNERAL DIRECTOR (NAME) **English and Co.** (ADDRESS) **29021 Georgia**

20. FILE **MAY 29 1939** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 22, 1938** to **May 23, 1939**

I last saw him alive on **May 23, 1939** Death is said to have occurred on the date stated above, at **10:10 p.m.**

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs, spleen, liver, kidneys & lymph nodes

Date of onset **3/22/39**

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **H. J. Lyman**, M. D.
(Address) **2601 N Whittier**

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.....

Raymond E. Gehlke

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Raymond E. Gehlke

Licensed Embalmer No.....

3985

P. O. Address.....

St Louis, Mo

*city license
#99*

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, above space should be left blank.