No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41022

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10793

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters Of The Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Missouri~~ (b) County
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. Florisant
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice Barry
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, ~~married~~, ~~divorced~~ ~~Married~~
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 5 1864 (Month) (Day) (Year)
8. AGE: Years 76 Months 3 Days 23 If less than one day hr. min.
9. Birthplace New York City (City, town, or county) New York (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Phil Smith
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Sarah Murphy
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Father Monoghan S.J.
(b) Address White House
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 -40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) DEC 30 1940 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1940 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec. 7, 1940 to Dec. 28, 1940 that I last saw h. alive on Dec. 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration 1 Month
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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
23. Signature Anthony A. Drekovich (M. D. or other) M.D.
Address 1525a Cass Ave Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.A. Pukarski
1525 Cass Ave.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blvd

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.