240
No. 2
4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 190

Registration District No. 791 | Primary Registration District No. | Registrar's No. 190

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

00
17
9

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: St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mos. 22 Days (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 617
(If outside city or town limits, write "RURAL")

(d) Street No. 1937 HODIAMONT 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rose Barsaloux

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife JAMES D.

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JAN. (Month) 26 (Day) 1896 (Year)

8. AGE: Years 44 | Months 11 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JOHN BARRY
13. Birthplace 4 IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE CLEMENTS
15. Birthplace 4 IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant James Barsaloux
(b) Address 1937 HODIAMONT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. TAYLOR AVE 4114

19. (a) JAN 9 1941 (Date received local registrar) (b) J. F. Butler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7, 1941
year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from September 16, 1940 to January 7, 1941
that I last saw her alive on January 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Breast, Carcinoma — Duration 11 mos.
Metastases to Bone, Skin, Lungs, Liver, Kidney
Due to and Peritoneum
Due to
Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Breast Carcinoma c̄ widespread metastasis

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 (1)

23. Signature Wilson G. Brown (M. D. or other) M.D.
Address 1515 Lafayette Ave. Date signed 1/7/40

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed Clement J. McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.