No. 2
1-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 407 ~~407~~

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 4024 Walsh Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days) In this community: 2 months
Lucille

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~St. Louis~~
(c) City or town: ~~Walsh~~ St. Louis 15 (If outside city or town limits, write "RURAL")
(d) Street No.: 4024 Walsh Ave. 9 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 6 years.

3. (a) PRINT FULL NAME: Lucy Ellen Barry
3. (b) If veteran, name war: No.
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: George W. Barry
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Sept (Month) 16 (Day) 1868 (Year)

8. AGE: Years 72 Months 3 Days 24 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: George Gentry
13. Birthplace: Sturgeon (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Edward F. Rossmann
(b) Address: 4024 Walsh Ave., St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Kieburg & Wm. Joe Lovitt
(b) Address: Washington, Missouri
19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 10 day 10 year 1941 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 6, 1941, to Jan 10, 1941; that I last saw her alive on Jan 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: 93 d	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Angina Pectoris	?
Chr. Cholecystitis	

Major findings:
Of operations: No stones
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? (Specify type of place)
While at work: (e) Means of injury:
23. Signature: Ray Schurter (M. D. or other)
Address: 4247 W. Grand Blvd. Date signed 1/10/41 St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 Me Lester H. Vitt, Registered Apprentice No. _____ working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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.