

o. 2
12-40
7-39
X2315

Registration District No. 1784

Primary Registration District No. 200

Registrar's No. 585

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Feb. 24 to Mar. 15 '41
(Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Barry, James F
 3. (b) If veteran, name war WW
 3. (c) Social Security No. 200

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 27 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Barry
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret O'neara
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address Government Records, VAF, Jeff. Bk. Mo

17. (a) Burial (b) Date thereof 3-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles P. ...

(b) Address 1225 Union Blvd

19. (a) MAP 17 1041 (b) R. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town ST. LOUIS 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 1427 A. Clara
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1941, to March 15, 1941;
 that I last saw him alive on March 15, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia bronchial
confluent left upper lobe
Type undetermined
 Due to _____
 Due to _____

Duration

19 days

Other conditions _____
(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 C.W. HUGHES, M.D. (M. D. or other) !!

Address Chief Medical Officer Date signed _____

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

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 Bernard G. Stuart
Licensed Embalmer No. 3500
P. O. Address 1225 Quincy, Blk

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.