

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 20 S. Spring Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Barry

3. (b) If veteran, name war No 3. (c) Social Security No. 492-09-2988

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Barry 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased March 4 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 6 14 hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Measuregraph Co

12. Name John Barry

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary Cain (City, town, or county) (State or foreign country)

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Barry

(b) Address 20 S. Spring Ave

17. (a) Burial (b) Date thereof Oct 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peatz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 30 1941 (b) J. P. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th  
year 1941 hour 11:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 9/10/41  
\_\_\_\_\_, 19\_\_\_\_, to 9/28/41, 19\_\_\_\_;  
that I last saw h. in alive on 9/27/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral thrombosis  
Due to Chole Brouchettes

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations PH  
Of autopsy PH

Duration \_\_\_\_\_  
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 James A. Sullivan, D.O. (M. D. or other)  
Address 2864 N. Union Bl Date signed 9/29/41

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

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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.....

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

working under my personal supervision.

Signed.....  
*Frank J. Owen*

Licensed Embalmer No. *3245*

P. O. Address *London, Tenn.*

**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.**