S. No. 1
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12527

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3388

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: 3509a North Market St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 911

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3509a North Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Barry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Barry

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

7. Birth date of deceased November (Month) 12 (Day) 1870 (Year)

8. AGE: Years 73 | Months 4 | Days 28 | If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER

12. Name John Galvin

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

14. Maiden name Bridget Flaherty

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

16. (a) Informant Frances Barry

(b) Address 3509a N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) APR 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 10 year 1944 hour 12 minute 25 a M.

21. I hereby certify that I attended the deceased from March 1 1944 to April 10 1944 that I last saw her alive on April 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of LIVER. — Duration 2 yrs

Due to

Due to

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? (Specify type of place)

While at work? Means of injury

23. Signature F. J. Kiedler (M. D. or other) MD

Address 4114 W. Florissant Date signed 4/10/44

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.