

FILED JUN 20 1946
318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

5069

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:
2531 1/2 N. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. 2531 1/2 North Market St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Arthur Barry.

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Agnes G. Barry 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 10 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 24 hr. min.

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

10. Usual occupation Base Ball Player

11. Industry or business.....

12. Name Patrick Barry
13. Birthplace Philadelphia Penn.
14. Maiden name Allice Quinn
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes G. Barry

(b) Address 2531 1/2 North Market St.

17. (a) Burial (b) Date thereof 6-7-46
(Burial, cremation, or removal) (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) JUN 6 1946 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 4 to June 7, 1946
that I last saw him alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 hrs
Due to arteriosclerotic English disease 10 yrs.
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131
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 Chas. Jost (M. D. or other) M.D.
Address 3500 N. Grand Date signed 6-5-46

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

MOTHER FATHER

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.