

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED AUG 20 1946

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7014**

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

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:
Honer G Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **28 days**
(Specify whether _____)

In this community **47 yrs**
(years, months or days)

3. (a) PRINT FULL NAME **John Barry**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Aug 20 1862**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Marthaville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Louis J. Barry**

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

14. Maiden name **Emmaline Wright**

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

16. (a) Informant **Leroy Barry**

(b) Address **5354 Delmar**

17. (a) **Burial** (b) Date thereof **8-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **A. J. Walton**

(b) Address **2707 Stoddard St**

19. (a) **AUG 12 1946** **J. F. Bredece**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **006**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **2117**

(d) Street No. **2123 Franklin**
(If rural, give location) **9**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5**
year **1946** hour **4** minute **10** A.M.

21. I hereby certify that I attended the deceased from **2 July 8, 1946** to **August 5, 1946**
that I last saw him alive on **August 5, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia

Carcinoma of the Colon with Metastases to the Bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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)

(c) Means of injury **0**

23. Signature **G. B. Williams** (M. D. _____)

Address **2601 N Whittier St** Date signed **8-7-46**

Duration _____

Unk

Unk

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 1154 Bayard Ave

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.