No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39414

Registrar's No. 10123

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: 6939 Bruno Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 000

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

(d) Street No. 6939 Bruno Ave.
(If rural, give location)

(e) Citizen of foreign country? 4 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Timothy Barry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

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

7. Birth date of deceased July (Month) 21 (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Cork, Co. (City, town, or county) Ireland (State or foreign country) 7

10. Usual occupation Retired Conductor

11. Industry or business Public Service C.

FATHER
12. Name Michael Barry 4
13. Birthplace Cork, Co. (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Hanna Sheehan
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Thomas Barry (son)
(b) Address 6939 Bruno Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Crogan
(b) Address 7146 Manchester Ave.

19. (a) NOV 3 1947 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (e) Means of injury 3

23. Signature Thomas J. Collins (M. D. or other) Coroner

Address Date signed 11-3-47

Jefferson City Printing Co.

(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: Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.