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17-39  
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FILED AUG 28 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
DePaul Hosp.  
(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)

3: (a) PRINT FULL NAME Frank W. Barry

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Eleanor Lewis Barry

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Apr 25 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	3	28	hr. min.
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9. Birthplace Brooklyn N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Barry

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

14. Maiden name Sarah Lewis N.Y.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Eleanor Barry

(b) Address 5849 Etzel

17. (a) Burial (b) Date thereof 8/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natl. Bridge

19. (a) AUG 28 1948 (b) J. F. [Signature]  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 5849 Etzel 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23  
year 1948 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Several  
years, 19 \_\_\_\_\_ to Aug 23, 1948,  
that I last saw him alive on Aug 23, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure  
Ch. Myocarditis with  
failure, Acute Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Incoronated to femoral  
(Include pregnancy within 3 months of death) artery

Major findings:  
Of operations None

Of autopsy 9/2

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)

Means of injury \_\_\_\_\_

23. Signature Eugene [Signature] (M. D. or other)  
Address 4901 Belmont Date signed 8/24/48

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 *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Albany, 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.**