

STANDARD CERTIFICATE OF DEATH

State File No. **22052**

FILED JUN 27 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1270**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kinloch		c. CITY (If outside corporate limits, write RURAL and give township) Kinloch	
c. LENGTH OF STAY (In this place) 25 yrs		d. STREET ADDRESS (If rural, give location) Brenner Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brenner Avenue		d. STREET ADDRESS (If rural, give location) Brenner Avenue	

3. NAME OF DECEASED (Type or Print) Sylvester Barry			4. DATE OF DEATH (Month) (Day) (Year) 5/17/49		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH unk. abt. 1888		9. AGE (In years last birthday) abt. 61		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE deceased, Iowa Berry			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Wallace Keaton, Brenner Avenue				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **May 5**, 19**49** to **May 17**, 19**49**, that I last saw the deceased alive on **May 17**, 19**49**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS Carson Road				23c. DATE SIGNED 5/21/49			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/24/1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
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DATE REC'D BY LOCAL REG. 5-24-49		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home, 4107 Finney Ave						ADDRESS	
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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

Paul V. Freeman

Student Embalmer No. 276

working under my personal supervision.

Student

Paul V. Freeman
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.