

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35111

State File No. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 9211

|   |                        |  |  |  |                                    |   |                         |
|---|------------------------|--|--|--|------------------------------------|---|-------------------------|
| BIRTH NO. _____   |                        | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. 1003  |                                    | Registrar's No. 9211  |                         |
| 1. PLACE OF DEATH<br>a. COUNTY  |                        |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY |                                    |   |                         |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis   |                        | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis                        |                                    | 2249  |                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3320 Iowa A   |                        |  |  | d. STREET ADDRESS (If rural, give location) 24 3320 Iowa Av.   |                                    |   |                         |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Thomas<br>b. (Middle) James<br>c. (Last) Barry   |                        |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Oct. 10 1954 |  |                                    |   |                         |
| 5. SEX Male   | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower   | 8. DATE OF BIRTH July 24 1881                            |  | 9. AGE (in years last birthday) 73 | IF UNDER 1 YEAR<br>Months   | IF UNDER 6 mos.<br>Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder Retired   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country) St. Louis Mo.  |                                    | 12. CITIZEN OF WHAT COUNTRY? U. S. G.   |                         |
| 13a. FATHER'S NAME Garritt Barry  |                        | 13b. MOTHER'S MAIDEN NAME Unkn. Halligan   |  | 14. NAME OF HUSBAND OR WIFE Rose Barry.  |                                    |   |                         |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No   |                        | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) 488-09-4723   |  | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Helen Bertle 3320 Iowa Av.  |                                    |   |                         |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) Hypertension<br>DUE TO (c) Renal deficiency |  |  |                                    | INTERVAL BETWEEN ONSET AND DEATH<br>7 days<br>4-5-54<br>4-5-54                      |                         |
| 19a. DATE OF OPERATION 4-13-54  |                        | 19b. MAJOR FINDINGS OF OPERATION Possible hypertrophy  |  |  |                                    | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                         |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                        | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)  |                                    |   |                         |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? 334x  |                                    |   |                         |
| 22. I hereby certify that I attended the deceased from 5-14 1954, to 10-10 1954, that I last saw the deceased alive on 10-10 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.         |                        |  |  |  |                                    |   |                         |
| 23a. SIGNATURE (Degree or title) Wm. A. Dorand M.D.   |                        | 23b. ADDRESS 19812 Olive St. St. Louis   |  | 23c. DATE SIGNED 9/11/54   |                                    |   |                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |                        | 24b. DATE 10-13-54   |  | 24c. NAME OF CEMETERY OR CREMATORY Resurrection  |                                    | 24d. LOCATION (City, town, or county) (State) St. County Mo.                        |                         |
| DATE REC'D BY LOCAL REG. OCT 11 1954  |                        | REGISTRAR'S SIGNATURE J. Earl Smith M.D.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE With Brothers & Co.   |                                    | ADDRESS 2929 S. Jefferson   |                         |

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. M. Davis*

Licensed Embalmer No.

*3741*

P. O. Address

*2929 Jefferson*

**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.