

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1955

State File No. 24220
6405

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ***		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ***	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 219 E. SCHIRMER STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) BARBARA	a. (First)	b. (Middle) A.	c. (Last) PIRY	4. DATE OF DEATH JULY 22, 1955
---------------------------------------------	------------	----------------	----------------	--------------------------------

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 7, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
---------------	------------------------	----------------------------------------------------------------	-----------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) HUNGARY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-------------------------------------------------------------------------------------------------------	-------------------------------------------	------------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME JOSEPH GABRIEL	13b. MOTHER'S MAIDEN NAME ANN FRAUDL	14. NAME OF HUSBAND OR WIFE MATTHEW
-----------------------------------	--------------------------------------	-------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MATTHEW PIRY 219 E. SCHIRMER ST. LOUIS, MO.
--------------------------------------------------------------------------------------------------------------------	------------------------------	---------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Subacute Pericarditis; Coronary Thrombosis; Amputated fracture of left leg; Fracture of Sternum. Suffered when struck by automobile driven by one Rudolph Showalter at the intersection of Broadway and Schirmer. around 9:00 p.m.	II. OTHER SIGNIFICANT CONDITIONS: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	

19a. DATE OF OPERATION June 19, 1955	19b. MAJOR FINDINGS OF OPERATION Schirmer. around 9:00 p.m. Criminal Carcinoma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--------------------------------------	--------------------------------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT OR SUICIDE (Specify) Criminal	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE St Louis Mo
---------------------------------------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------

21d. TIME OF INJURY June 19 1955 9:50 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? All 8124
--------------------------------------------	--------------------------------------------------------------------------------------------------------	-------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor Carson	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7-25-55
--------------------------------------	-------------------	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 26, 1955	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	24d. LOCATION (City, town, or county) STATE 1215 LEMAY FERRY ROAD
---------------------------------------------------	-------------------------	------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. JUL 25 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U. & L. CO. 781 S. BROADWAY ST. LOUIS, MO.
--------------------------------------	------------------------------------------	----------------------------------------------------------------------------------------------------

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.....
Signature of Student Embalmer

Signed *Harry J. L...*.....
Licensed Embalmer No. *267*.....

P. O. Address *7814 S. Broad*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.