

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39211

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2584</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmonds Heights</u>		c. LENGTH OF STAY (In this place) <u>10 Wks</u>		c. CITY OR TOWN <u>Bel-Nor</u> <u>41801</u>		d. In Residence within limits of a city incorporated town? Yes <u>X</u> No <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3028 Andover</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>			b. (Middle)			c. (Last) <u>BARRY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1955</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 11, 1894</u>			9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>Ireland</u>		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Mullane</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget Walsh</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Barry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thomas Barry</u>			ADDRESS <u>3038 Andover</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>  ANTECEDENT CAUSES <u>A.S. CVR disease</u> 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. <u>Diabetes mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Uncertain</u>  <u>Uncertain</u>	
19a. DATE OF OPERATION <u>Sept. 25, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>ac. cholecystitis [no relation to death of patient]</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>4221</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Apr. 21</u> , 19 <u>54</u> , to <u>Nov. 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 3</u> , 19 <u>55</u> , and that death occurred at <u>1 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.S. Oppenheimer M.D.</u>				23b. ADDRESS <u>508 N. Grand Blvd., St. Louis 5 Mo.</u>				23c. DATE SIGNED <u>Nov. 5, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>Nov. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-6-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb MP.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen Kelly</u>			ADDRESS <u>2267 Natural Bridge</u>	

M. (Licensed Embalmer's Statement on Reverse Side)

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

*[Handwritten scribbles]*

**^ 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 *James A. Lamm*.....

Licensed Embalmer No. *41*.....

P. O. Address *H. L. ...*.....

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.