

FILED APR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10405**
Registrar's No. **2784**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2-days	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			e. STREET ADDRESS (If rural, give location) 603 1/2 Westminister Place 20590		
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) B. c. (Last) Barry			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1956		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH July 29, 1880	9. AGE (In years) 75	IF UNDER 1 YEAR Months Days 7 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John J. Fletcher		13b. MOTHER'S MAIDEN NAME Rose A. Holland		14. NAME OF HUSBAND OR WIFE Mr. Francis X. Barry	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Francis X. Barry, 603 1/2 Westminister Place		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>5 years</u> <u>5 yrs.</u> <u>20 yrs</u> <u>20 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>July</u> , 19 <u>52</u> , to <u>March 18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 18</u> , 19 <u>56</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE, <u>Robt. M. Launch M.D.</u> (degree or title)			23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>March 19, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 19 1956	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS 3840 Lindell Blvd.

(Licensed Embalmer's Statement of Reverse Side)

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 *[Signature]* Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 96

P. O. Address 38407

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.