FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32640
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2115

Health, Welfare Public Service

300
1-56

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN Pinelawn 4151 [redacted] — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hosp. — Length of stay in 1b 3 dys | d. STREET ADDRESS (If outside, give location) 6380 Lillian Ave. — Reside on Farm Yes ☐ No ☒ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First Norman | Middle A. | Last Barry | 4. DATE OF DEATH | Month Sept. Day 7 Year 1956 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH Sept. 9, 1879 | 9. AGE (In years last birthday) 76 | 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) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) Lebanon, Tenn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME James L. Barry | 14. MOTHER'S MAIDEN NAME Eugeina Cook | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. unk | 17. INFORMANT John H. Barry | Address 6380 Lillian Ave. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis
DUE TO (c) 332 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-22-51, to 9-7-56 and last saw ~~her~~ him alive on 9-7-56
Death occurred at 7:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Janney Jr. (Degree or title) M.D.

22b. ADDRESS 35 N. Central, Clayton 5 Mo

22c. DATE SIGNED 9-8-55

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sept. 10, 1956 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo. | 25. DATE RECD. BY LOCAL REG. 9-8-56 | 26. REGISTRAR'S SIGNATURE Herbert R. Domhetz Jr. | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 387

P. O. Address 7814 S.

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