

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29194**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7617**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 8 mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.		STREET ADDRESS (If rural, give location) 2070 2603 Slattery			
3. NAME OF DECEASED (Type or Print) a. (First) Addie			b. (Middle)		c. (Last) Barry
4. DATE OF DEATH (Month) (Day) (Year) 8-12-1957		5. SEX female		6. COLOR OR RACE col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Aug. 10, 1890		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Miss.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Moore		13b. MOTHER'S MAIDEN NAME Sallie Moore	
14. NAME OF HUSBAND OR WIFE unk.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Hospital Records 5600 Arsenal		ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 9 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart Disease 9 mo	
		DUE TO (c) Generalized Arteriosclerosis 9 mo			
		II. OTHER SIGNIFICANT CONDITIONS		DUE TO (cause) RR. Pleural Effusion (unk.) 9 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 **12-6-56**, 19___, to **8-12-57**, 19___, that I last saw the deceased alive on **8-12-57**, 19___, and that death occurred at **3:15p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 8/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) St. Louis Co.		24e. (State) Mo.			

DATE REC'D BY LOCAL REG. AUG 15 57		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON	
				ADDRESS 3133 Bell Ave.	

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

Escher K. Harris

Licensed Embalmer No. *44*

P. O. Address *4181 7a*

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.