

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037583

STATE FILE NUMBER

10317

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis 8120 S Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) 32 1025 Tudor Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE NMN BARRY			4. DATE OF DEATH Month Day Year OCTOBER 24, 1958
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1895
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Macon, Mississippi 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Johnnie Williams	13b. MOTHER'S MAIDEN NAME Mollie Welch
14. NAME OF HUSBAND OR WIFE Elijah Barry (Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mary Welch Davis, Address 1025 Piggott Ave. E. St. Louis, Ill.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 420.0 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DIABETES MELLITUS OREMIA SUSPECTED PYELONEPHRITIS PERNICIOUS ANEMIA	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK YEARS	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 NOV. 4, 1952 to OCT. 24, 1958 and last saw her alive on OCT. 24, 1958 Death occurred at 9:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. E. Vanillia, M.D. M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 10/25/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/31/58	
23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
24. FUNERAL DIRECTOR Marion's Office ADDRESS 2114 Mo. Ave., E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. OCT 28 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.			

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank Prokop*

Licensed Embalmer No. *4356*

P. O. Address *St. Louis, Mo.*

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.