

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002706

STATE FILE NUMBER

2-1069

FILED FEB 10 1959

Registration District No. Primary Registration District No.

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>                     |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. John's Hospital</b> |  | Length of stay in 1b<br><b>8 days</b>   | d. STREET<br>ADDRESS <b>1467 Graham</b>  |
|  |  |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                               |   |   |  |   |
|---|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Ann</b> Middle <b>M</b> Last <b>Barry</b>                              |                               |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>29th</b> Year <b>1959</b> |  |   |
| 5. SEX<br><b>F.</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-31-1894</b>                                     | 9. AGE (In years last birthday)<br><b>64</b> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>             |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Ireland</b>              |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>John Kenny</b>  |                               |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary Hanley</b>                            |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                               | 16. SOCIAL SECURITY NO.<br><b>no</b>  | 17. INFORMANT<br><b>Richard Barry</b> Address <b>1467 Graham</b>          |  |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Cerebral</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Generalized Arteriosclerosis</b> | <b>Unk.</b>   |
|   | DUE TO (c) <b>3312</b>                         |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |   |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour <b>8.10 a. m.</b><br>Month, Day, Year <b>p. m.</b>                            |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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<br><b>St. Louis</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b> |

|  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| 21. I attended the deceased from <b>Jan 21, 1959</b> , to <b>Jan 29, 1959</b> and last saw her/him alive on <b>Jan 28, 1959</b><br>Death occurred at <b>8.10 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated |                                   |                                    |
| 22a. SIGNATURE<br><b>W. S. Hanley, Jr.</b>   | 22b. ADDRESS<br><b>634 W. 2nd</b> | 22c. DATE SIGNED<br><b>1/30/59</b> |

|  |                              |   |  |
|--|------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>2-2-1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b> |
|--|------------------------------|---|--|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR<br><b>Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 30 59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith, M.D.</b> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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 04 25  
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1-52234  
86.4.6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*W. H. Hagen*

Licensed Embalmer No. 4

P. O. Address 3840 L

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.