

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20056

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Registration District No. **1003**
 City St. Louis (No. Christian Hospital) St. Ward.....
 Registered No. **5823**

2. FULL NAME

(a) Residence. John F. Barry No. 4466 Scanlon Place St. 10 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Barry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 2 1 95

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Track Foreman
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer United Railway

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
 10. NAME OF FATHER John F. Barry
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Margaret McBarry
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Lottie Barry (Address) 4466 Scanlon Place

15. FILED JUN 24 1927 Mar 6 Stars off

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1 1927, to June 22 1927 that I last saw h. M. alive on June 22 1927, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A. Acute Cardiac Distention
B. Cardiac Hypertrophy
C. A? B (duration) 1 yrs. mos. da.

CONTRIBUTORY Chr Bronchitis (SECONDARY) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 900 B

DID AN OPERATION PRECEDE DEATH? No DATE OF..... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Labatory + Xray
 (Signed) F.C. Eseldorff M. D.
6-24-1927 (Address) 3736 N 11 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabary DATE OF BURIAL 6-25 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10.8 Cas. at bridge

373671 11" at

2-7