MAR 1 5 1935

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

Do not use this space.

7224

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1641

City St. Louis Mo (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME John A. Barry

(a) Residence, No. 5455 Ruskin St., 7 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ellen Phelan Barry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1880

7. AGE YEARS 54 MONTHS 1 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ajustor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Gas Co

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME James Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Nora Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Ellen Barry (ADDRESS) 5455 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 2/19 1935

19. UNDERTAKER Stroot & Carroll (ADDRESS) 4600 Hall Bridge

20. FILED FEB 18 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15, 1935

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.95 a.m.

The principal cause of death and related causes of importance were as follows:

Internal Haemorrhage from Ruptured Liver & Right Lung, received when struck by auto in St. Louis, Mo.

Date of onset 2.00

Other contributory causes of importance:

Deceased was a pedestrian

Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 2/15, 1935.

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury struck by auto

Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

2/18/35

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.