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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.

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

JAN 13 1936

Do not use this space.

41542

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital St. ..... Ward)

File No. 10786

Registered No. .....

2. FULL NAME John M. Barry

(a) Residence, No. 7561 Lindbergh Dr. St., N R Ward. Richmond Heights
(Usual place of abode) (If nonresident, give city or town and State)

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: Sally Barry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12 1908

7. AGE: YEARS 27 MONTHS 11 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME: James E. Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

MOTHER

15. MAIDEN NAME: Rose Maynard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

17. INFORMANT (ADDRESS): Mrs John Maynard Barry, 7560 Lindbergh Dr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12-23 1935

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co. 3840 Lindell Bl

20. FILED DEC 21 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/20/1935

22. 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 4:15 a.m.

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

	Date of onset
Fractured skull, lacerated brain recd when auto (deceased a pass) struck a light standard at 14th & Locust	
1946	201

Other contributory causes of importance: 210 M

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? ..... Date of injury 12/20 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 Auto hit post

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold [illegible] M.D.

(Address) Dept [illegible]

dr

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