

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 164

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 704 Lewis St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 704 Lewis Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Betty J. Barry

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive 20 years (Day) (Year)
 7. Birth date of deceased: June 20 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 3 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

MOTHER FATHER

11. Industry or business:
 12. Name Melvin Barry
 13. Birthplace Washington Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Marie Bass
 15. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Melvin Barry
 (b) Address 16 East Water St. St. Charles, Mo.

17. (a) Burial (b) Date thereof Aug. 25-1941 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Charles Rossmore Cemetery

18. (a) Signature of funeral director N.C. Dellmeyer & Sons Co.
 (b) Address 800 N. Second, St. Charles, Mo.
 19. (a) 8-24-41 (b) Clarence P. Thacker (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1941 hour minute M.
 21. I hereby certify that I attended the deceased from July-20 1941 to Aug-23 1941
 that I last saw him alive on Aug-23 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral development Duration
Specific

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 161a
 Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury
 23. Signature Dr. D. H. ... (M. D. or other) 0
 Address 200 E. Main St. Date signed 8/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was} ~~was~~ ^{not} embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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 this body is not embalmed, fact should be so stated above.