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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4068

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1542

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 21 000 47

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 3111 Evans ave (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: LONNIE BARRY

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: COL.

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: CATHERINE BARRY

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: 7 (Month) 22 (Day) 1910 (Year)

8. AGE: Years 31 Months 6 Days 23 If less than one day hr. min.

9. Birthplace: Mexico (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Garter-ast. Shipping Clerk

11. Industry or business:

MOTHER FATHER

12. Name: HARVEY BARRY

13. Birthplace: MARTHASVILLE (City, town, or county) Mo. (State or foreign country)

14. Maiden name: LULA PAMELA

15. Birthplace: Mexico (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Beatrice Boslick

(b) Address: 4235 W Alline

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: G.W. Bruce

(b) Address: 1403 N Garrison ave

19. (a) FEB 19 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1942 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw h... alive on ..., 19.., and that death occurred on the date and hour stated above.

Immediate cause of death: External hemorrhage and shock following amputation of left leg when he was struck by a automobile which did not stop DRIVER UNKNOWN, at the southeast corner of 11th and Washington Ave. about 10:10 P.M.

Due to: February 10, 1942.

Due to: CRIMINAL CARELESSNESS

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 2 10 w

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): Criminal carelessness

(b) Date of occurrence: Feb. 10, 1942.

(c) Where did injury occur? St. Louis, (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work: (e) Means of injury: Auto

23. Signature: James J. Fitzpatrick (M.D. or other)

Address: 1360 Pelle ave Date signed: 2/16/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.