

S. No. 2
M-1-4-41
Rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FO State File No. 11887
Registrar's No. 609

FILED MAR 31 1942
Registration District No. 184

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Council Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs
(Specify whether
In this community 2yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2723 Howard St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXXXXX

3. (a) PRINT FULL NAME Nora Barry
3. (b) If veteran, name war None
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16th
year 1942 hour 3:30 PM/minute M.
21. I hereby certify that I attended the deceased from June
1940 to June 1942
that I last saw h er alive on 3-15, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased: Feb 3rd. 1881
(Month) (Day) (Year)

Immediate cause of death: Pneumonia Pneum 88hr
Due to: Bact. interst. hemo 1w6h
Due to: hemorrhage

8. AGE: Years Months Days If less than one day
61 1 13 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 107
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At home

11. Industry or business Self

12. Name Richard Barry

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Julia Sullivan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Barry Brennan

(b) Address 7312 Wise Ave

17. (a) Burial (b) Date thereof 3/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of Wardigan & Sheahan Ind Co
(b) Address 4415 Washington Blvd

19. (a) MAR 17 1942 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

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 J. D. Curran (M. D. or other) J. D.
Address 4952 Maryland Date signed 3-17-42

Dr. Casarety
4952 Maryland
830-1030am
1:30 - 3:30pm

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Homer H. Britz*.....
Licensed Embalmer No. *3882*.....
P. O. Address.....

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.