V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22209

FILED JUL 6 1942

Registration District No. 184 Primary Registration District No. 111 Registrar's No. 1386

96
8
3

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1412 SILVERTON PLACE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town RICHMOND HEIGHTS 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 SILVERTON PLACE 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME MICHAEL H. BARRY
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE O
5. Color or race WHITE
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED 1
6. (b) Name of husband or wife GRACE BARRY
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased APRIL (Month) 15 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 11 If less than one day hr. min.

9. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business COMMISSION
FATHER
12. Name EDMOND BARRY
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BRIDGET unknown
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
16. (a) Informant Patricia Barry
(b) Address 1412 Silverton Place
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125, Lafayette Av.
19. (a) JUN 28 1942 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 9:20 minute a M.
21. I hereby certify that I attended the deceased from Jan. 4 to June 26, 1942 that I last saw him alive on June 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	4 yrs
Coronary occlusion	5 days
Due to Arteriosclerosis	6 yrs
Due to atherosclerosis	

Other conditions (Include pregnancy within 3 months of death) 94P

Major findings:
Of operations
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 E. P. Beddy (M. D. or other)
Address Univ. Club Bl. Date signed 7/27/42

(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~~ Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.