

FILED MAR 25 1943
318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

2426

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:
DESLOCF HOSPITAL
(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)

3. (a) PRINT FULL NAME William Barry
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex MALE
5. Color of face W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE BARRY
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased. OCT. 16, 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 26
If less than one day
.....hr.min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation STRAMFITTERS HELPER

11. Industry or business.....

MOTHER FATHER
12. Name THOMAS BARRY
13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
14. Maiden name ALICE GALVIN
15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. NELLIE BARRY
(b) Address 3647 COTE BRILLIANT AVE.

17. (a) BURIAL (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 14 1943 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 11
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3647 COTE BRILLIANT AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 43 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from
3-11-1943 to 3-12-1943
that I last saw him alive on 3-12-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Duration
Due to acute Diverticulitis & perforation of diverticulum
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature R. B. Behan (M. D. or other)
Address Firmin Desloge Hosp Date signed 3-13-43

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 embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.