

FILED SEP 28 1945  
318

State File No. \_\_\_\_\_  
Registrar's No. 8148

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St LOUIS

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

(c) Name of hospital or institution:  
5729 CHAMBERLIN AVE  
(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 MO (b) County 0005

(c) City or town St LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 5729 CHAMBERLIN AVE  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUISE BARRY

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

4. Sex FEMALE 5. Color or race W

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

6. (b) Name of husband or wife JAMES BARRY 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased AUGUST 10 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19  
year 1945 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb 15  
1945 to 9-18-45 1945  
that I last saw her alive on 9-18-45 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cocculcoma  
Water & Stomach

Duration \_\_\_\_\_

8. AGE: Years 71 Months 1 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ILL (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name JOHN COURAR

13. Birthplace ALSACE LORAIN 8 (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name MARY HAMMER

15. Birthplace ILL (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

MOTHER FATHER {

16. (a) Informant James Barry Jr.

(b) Address 5729 Chamberlin Ave

17. (a) BURIAL (b) Date thereof SEPT 20 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. J. Mullen

(b) Address 5165 Delmar St.

19. (a) SEP 19 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

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 PB Cappel (M. D. or other) \_\_\_\_\_  
Address 3294 [unclear] Date signed 9-18

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

00  
17  
9

*Prepared by the funeral home*

**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 *H. G. Farris*.....

Licensed Embalmer No. *3384*.....

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.**