. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39413

FILED DEC 15 1947 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 11214

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: / 5232 Minerva 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 000

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5232 Minerve Ave. 4
(If rural, give location) 6 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Barry.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Eugene Barry

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 27, 1883.
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Michael Doyle.
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Barry
(b) Address 5232 Minerva Ave.

17. (a) Burial (b) Date thereof Dec. 9, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director J. J. Quinn
(b) Address 1389 Union Blv'd.

19. (a) DEC 8 - 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4, year 1947. hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-17-47 19..., to 12-4-47 19...; that I last saw her alive on 12-4-47 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid with general metastases

Due to .....

Due to .....

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

Major findings:
Of operations 4-28-47
Inoperable Carcinoma of Sigmoid
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Eugene J. O'Malley (M. D. ~~or other~~)

Address 6344 Sigmoid Date signed 12-5-47

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed Rex Campbell

Licensed Embalmer No. 3881

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.