

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6060
State File No.
2210
Registrar's No.

FILED MAR 15 1948

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... City Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution..... 2 Days
In this community..... 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 088
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. /..... 7005a South Broadway
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Arthur J. Barry
3. (b) If veteran, name war..... World War 2
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... March day..... 2
year..... 1948 hour..... 2:45 minute..... P M.

4. Sex..... Male 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Alice Burrow
6. (c) Age of husband or wife if alive..... 38 years
7. Birth date of deceased..... May 13 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above. Duration

8. AGE: Years Months Days If less than one day
37 9 18 hr. min.

Immediate cause of death..... Fracture of skull
Brain injury when he
either fell or jumped
from a roof of a building
7005a So. Broadway
10:15 PM - February 29
1948 - 5

9. Birthplace..... New York City New York
(City, town, or county) (State or foreign country)

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

10. Usual occupation..... Roofer

Major findings..... 195
Of operations.....

11. Industry or business..... Kirberg Roofing Company

Of autopsy..... H

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

22. If death was due to external causes, fill in the following:

16. (a) Informant..... Alice B Barry Wife

(a) Accident, suicide, or homicide (specify)..... Open Vein

(b) Address..... 7005a South Broadway

(b) Date of occurrence..... Feb 29 1948

17. (a) Burial (b) Date thereof..... March 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?.....
(City or town) (County) (State)

(c) Place: burial or cremation..... National Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

18. (a) Signature of funeral director..... Beiderwieden Funeral Home Inc

Means of injury..... How

(b) Address..... 1936 St. Louis Avenue

23. Signature..... Gabriel E Taylor (M. D. or other)

19. (a) 1948 (b) J. F. [Signature]
(Date received by registrar) (Registrar's signature)

Address..... 1300 Clark Date signed..... 3-4-48

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

MAR 20 1932

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.....

Glen W. Katz

Licensed Embalmer No. 3739

P. O. Address 1936 W. Louis 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.