

FILED SEP 13 1948

318

Primary Registration District No. 1003

Registrar's No. 7789

1. PLACE OF DEATH:

- (a) County Mo in Rent to
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution in Rent to Home S. Phillips 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 days3. (a) PRINT FULL NAME Jessie Barry

3. (b) If veteran _____

name war # 23. (c) Social Security No. 492-03-6083

4. Sex M 5. Color or race neg 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 alive _____ years

7. Birth date of deceased Sept 4 1915
 (Month) (Day) (Year)8. AGE: Years 32 Month 11 Days 27 If less than one day _____
 hr. _____ min. _____9. Birthplace England ark
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Laber12. Name Arthur Zoomes13. Birthplace Marlton ark
 (City, town, or county) (State or foreign country)14. Maiden name Katie Devier15. Birthplace Batesville ark
 (City, town, or county) (State or foreign country)16. (a) Informant Jessie Edmond(b) Address 2721 4 Hamble17. (a) Burial (b) Date thereof 9. 7. 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jefferson Barrack18. (a) Signature of funeral director A. H. Burkack(b) Address 212 Carver St19. (a) SEP 3 1948 (b) J. P. Burkack
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 170 Lombard St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st
 year 1948 hour 5:40 minute _____ P. _____ M. _____21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above. _____
 Duration _____Immediate cause of death _____
Pulmonary Embolism; Contrib; Contu-
sion of right leg with venous
 Due to thrombosis; CAUSE AND MANNER OF
SAME COULD NOT BE DETERMINED.

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: A/I

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) ACCIDENT(b) Date of occurrence Unk(c) Where did injury occur? Unk (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public

place? UnknownWhile at work? Unk (Specify type of place)(e) Means of injury See Above23. Signature Dr Alfred Perry (M. D. or other)Address Deputy Coroner Date signed 9. 7. 4817
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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

Leroy W. Gannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton 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.