

No. 300
10.48
FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 38249
9443

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver		8050			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Melbourne Hotel				d. STREET ADDRESS (If rural, give location) 1560 Ogden Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) G. c. (Last) Barry			4. DATE OF DEATH (Month) (Day) (Year) Nov 6, 1950						
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 1, 1875		9. AGE (in years less birthday) 75	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 MILE Hours _____ Min. _____	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Food Broker			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) New York City		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Unknown Barry			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Irene Barry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Thomas G. Barry Jr. 1829 High St. Denver, Colo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Michael Barry, Deputy Coroner</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/7/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Denver, Colorado.			
DATE REC'D BY LOCAL REG. NOV 7 1950		REGISTRAR'S SIGNATURE <i>J. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Arthur J. Donnelly 3840 Lindell Blvd</i>					

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

(Licensed Embalmer's Statement on Reverse Side)

Miss

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W H VanMatre

Signed
Student Embalmer

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.