

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17484**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12392**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		b. STATE <b>Missouri</b>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		b. CITY OR TOWN <b>Bel-Nor 41803</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>38 City Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location)	
<b>27 3038 Andover</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>THOMAS</b>	b. (Middle) <b>J</b>	c. (Last) <b>BARRY</b>	(Month) <b>Dec.</b>	(Day) <b>23,</b>	(Year) <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 1, 1887</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Water Works</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>	
13a. FATHER'S NAME <b>James Barry</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Barry</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Mullane Barry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-34-8359</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret O'Keefe</b> ADDRESS <b>3038 Andover</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>		DUE TO (b) <b>Coronary heart disease</b>			<b>Instant</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>None</b>			<b>Uncertain</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Nov 23, 1954</b> , to <b>Dec. 23, 1957</b> , that I last saw the deceased alive on <b>Dec. 16, 1957</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H.S. Oppenheimer, M.D.</b>			23b. ADDRESS <b>35 N. Central Ave, Clayton, Mo.</b>		23c. DATE SIGNED <b>Dec. 24, 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/26/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galaxy Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>					
DATE REC'D BY LOCAL REG. <b>DEC 24 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Callen Kelly</b> ADDRESS <b>7267 Natural Bridge</b>	

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

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James A. Lammers*

Licensed Embalmer No. *4142*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.