

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018916  
STATE FILE NUMBER  
2-4544  
Registrar's No.

FILED MAY 18 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b		d. STREET ADDRESS 916 Clarendon	
				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CALVIN B. BARRY			4. DATE OF DEATH Month Day Year MAY 6, 1959		
5. SEX Col. M	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Confectionary		11. BIRTHPLACE (City and state or country) Atlanta, Ga.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME No En Know	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Julia Barry-916 Clarendon		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURED AORTIC ANEURYSM			INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			
DUE TO (c) 451x			15 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from SEPT. 25, 1956 to MAY 6, 1959 and last saw her alive on MAY 6, 1959 Death occurred at 7:20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>E. Vermilion, M.D.</i> Degree or title M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-11-59	23c. NAME OF CEMETERY OR CREMATORY Washington	23d. LOCATION (City, town, or county) (State) Berkeley, Mo.
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24. FUNERAL DIRECTOR A. L. Beal Und. 5303 Delmar	25. DATE RECD. BY LOCAL REG. MAY 9 '59	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *A. D. Richardson* .....

Licensed Embalmer No. *3928* .....  
P. O. Address *City* .....

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.