

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

32 =60-024071

Registration District No. 276 Primary Registration District No. 5945- Registrar's No. 597

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. James</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Chicago.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural - N. Dillon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Chicago.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Frank William Barry</b>			4. DATE OF DEATH Month Day Year <b>6-27-1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7-31-1904</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>26</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Credit manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (City and state or country) <b>ST. Louis MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Sylvester Barry</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Ryan</b>	14. NAME OF HUSBAND OR WIFE <b></b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b></b>	16. SOCIAL SECURITY NO. <b>337-09-7750</b>	17. INFORMANT (Name) Address <b>Dr. S.J. Barry - St. James, MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b>		
DUE TO (c) <b></b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b></b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b></b>
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20c. TIME OF INJURY Hour Month, Day, Year <b>6:00 P.m. 6-27-60</b>	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.) <b></b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St James MO</b>
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21. I attended the deceased from <b>6-27-60</b> to <b>6-27-60</b> and last saw him alive on <b>6/27/60</b> Death occurred at <b>6:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>J. C. Schuler M.D.</b>	22b. ADDRESS <b>St James MO</b>	22c. DATE SIGNED <b>6-29-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis, MO.</b>
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24. FUNERAL DIRECTOR <b>Prof. E. Schuler - St James</b>	25. DATE RECD. BY LOCAL REG. <b>6-29-1960</b>	26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orel E. Lickhiler

Licensed Embalmer No. 3546

P. O. Address 77 June

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.