

FILED JUN 20 1946
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5069**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2531 1/2 N. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2531 1/2 North Market St.**
(If rural, give location) **2017**
(e) Citizen of foreign country? _____ (Yes or No) **9**
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Arthur Barry,**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Agnes G. Barry** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **April 10 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **1** Days **24**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Base Ball Player**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Barry**

13. Birthplace **Philadelphia Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Quinn**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Agnes G. Barry**

(b) Address **2531 1/2 North Market St.**

17. (a) **Burial** (b) Date thereof **6-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **JUN 6 1946** (Date received local registrar) **J. F. Bredbeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1946** hour **4** minute **0** P.M.

21. I hereby certify that I attended the deceased from **June 30**, 19**46**, to **June 4**, 19**46**, that I last saw him alive on **June 4**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **7 hrs**

Due to **Arteriosclerotic Bright disease** **10 yrs.**

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **131**
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Chas. J. ...** (M. D. or other) **M.D.**
Address **3500 N. Grand** Date signed **6-5-46**