

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19357

1. PLACE OF DEATH

County St. Louis County
Township Carondelet
City Grant Road near Big Bend Road

Registration District No. 785
Primary Registration District No. 6248

File No. _____
Registered No. 105
St. _____ Ward _____

2. FULL NAME Bertha Barg

(a) Residence. No. 5135 Cates Ave. St. _____ Ward. St. Louis, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>3</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel Barg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lottie Poppe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Hungary

14. INFORMANT S. Barg
(Address) 5135 Cates Ave St Louis

15. FILED 7/10, 1927 C E Barnett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11th, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 24th, 1927, to June 11th, 1927 that I last saw her alive on June 11th, 1927, and that death occurred, on the date stated above, at 11.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
84-90B
11.2
90B
90B
Mycarditis--Chronic
About one year
CONTRIBUTORY Hypertension during past year or (SECONDARY) MORE. Psychosis--Dementia Praecox (duration) 9 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, St. Louis, Mo.

DID AN OPERATION PRECEDE DEATH... NO. DATE OF _____
WAS THERE AN AUTOPSY... NO.

WHAT TEST CONFIRMED DIAGNOSIS: Clinical
(Signed) J. M. Hogan, M. D.
June 12, 1927 (Address) Webster Groves, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL B' Nai Amoona lein DATE OF BURIAL 6/13 1927
20. URBERTAKER B. Berger ADDRESS 4715 Madison St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 29 1927

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