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.

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

Do not use this space.

38400

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11066

City St. Louis (No. 5207A S. Broadway St. ..... Ward)

2. FULL NAME Barbara Harter

(a) Residence. No. ..... St., 15 Ward. St. Genevieve Mo
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: P
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Harter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 6, 1865

7. AGE: Years 62 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Zell
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Anthony Eckerb
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Magdalene Eichenbaub
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: Mrs Louie Griesshafer
(Address) 5207A S. Broadway

15. FILED DEC 11 1927 Max C Starkloff REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/11/1927

17. I HEREBY CERTIFY, That I attended deceased from Nov-20-, 1927 to Dec-11-, 1927 that I last saw her alive on Dec-10-, 1927, and that death occurred, on the date stated above, at 4:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
Cardiac Dilatation
..... c. (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Glomerulae
Nephritis (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) J. Hofmeister, M. D

12/11, 1927 (Address) 3458 S. Grand Bl.

*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: St. Genevieve Mo
DATE OF BURIAL: Dec. 14 1927

20. UNDERTAKER: Peetz Bros
ADDRESS: 3029 Lafayette