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

Do not use this space.

10366

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1097

City St Louis (No. Deaconess Hospital St. ..... Ward)

File No. ..... Registered No. 2345

2. FULL NAME Minnie A Barth

(a) Residence. No. 4088 Burgen St., 15 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H Barth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	1	27	

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) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Wm G Saunders

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Geo H Barth Sr
(Address) 4088 Burgen Ave

15. FILED ..... 19..... Alex C Kohler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930, to Mar 4 1930, that I last saw h alive on Mar 4 1930, and that death occurred, on the date stated above, at 8:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Left Side

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

..... (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 4125 West Bee St

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Chemical

(Signed) [illegible] M. D.

Mar 5, 1930 (Address) 3636 S 30 Blvd

*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	DATE OF BURIAL
Missouri Crematory	Mar 7 1930
20. UNDERTAKER	**ADDRESS**
Wacker-Heldeste	2331 S Bdwy

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.

WHITE PAPER—WITH GRADING INK—THIS IS A PERMANENT RECORD

10