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

Do not use this space.

7714

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 2077

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

2. FULL NAME George A. Barth

(a) Residence. No. 4088 Bingen St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	6	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tinsmith Steam & Elec
(b) General nature of industry, business, or establishment in which employed (or employer) 253
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Gerhard H Barth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Charles Barth
(Address) 5325 Bloom

15. FILED FEB 16 1931, 19.... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 1931

17. No Physician Attended

I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19...., and that
death occurred, on the date stated above, at 2.25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1868 yr
194 Coba Pneumonia / Traumatic
195 following fall down steps
at residence (duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) ....yrs....mos....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Kerr, M.D.
2/16, 1931 (Address) Doctors Osborne

*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	Feb. 18 1931
20. UNDERTAKER	**ADDRESS**
Jackson Heldale	2331 Bisley

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD