

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

Do not use this space.

24312

1. PLACE OF DEATH
 County St. Louis Registration District No. 789 File No. 24312
 Township Central Primary Registration District No. 6033 Registered No. 198
 City St. Louis (No. 3718 Jennings Rd. St. Ward)

2. FULL NAME Abner Barth
 (a) Residence No. 6517 Robert St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Barth
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1933
 17. I HEREBY CERTIFY, That I attended deceased from 2-17 1933 to 7-5 1933
 that I last saw her alive on 7-5 1933, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Choleangitis - Ch. Chol. cystitis - Ch. Myo. Carditis - Ch. Endo Carditis - involving Mitral Ch. Arterio sclerosis - Ch. Appendicitis - Ch. Int. nephritis - Ch. Habitual nephritis!
 CONTRIBUTORY (SECONDARY) Ca. of Pancreas living about 6 MO

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? DATE 5/5/33
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS Lab. Clinics - Affinity
 (Signed) Hubert S. Timmon M. D. 7/5/33
 (Address) 3718 Jennings Rd.

14. INFORMANT Fred Barth
 (Address) 6517 Robert St.
 15. FILED 7/7 1933 Oella Bruce, M.D. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul Cem't DATE OF BURIAL July 8 1933
 20. UNDERTAKER Wm. J. Robert ADDRESS 1905 S. Grand

N. E.—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

