

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

Do not use this space.

**1. PLACE OF DEATH**

County .....  
Township .....  
City St. Louis Mo

Registration District No. 791  
Primary Registration District No. 1003  
(No. Home 4205 W Page Blvd) Page Blvd

File No. 32491  
Registered No. 55  
St. .... Ward .....

**2. FULL NAME** LENA Barth

(a) Residence, No. 4205 W Page Blvd St. 6 Ward .....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Herman Barth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 68 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Nov 1-33 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME Elia- Heidnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Harry Barth  
(ADDRESS) 4205 W Page Blvd

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Church of the Holy Spirit DATE Jan-1-34

19. UNDERTAKER Open Handler Funeral Directors  
(ADDRESS) 1469 Washington Blvd

20. FILED Jan-1-34 J. J. Bredbeck  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-28, 1933, to Dec-31, 1933

I last saw her alive on Dec-31, 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset Dec 26, 1933  
1009  
928  
108  
Other contributory causes of importance: Heart disease (arteriosclerosis)

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

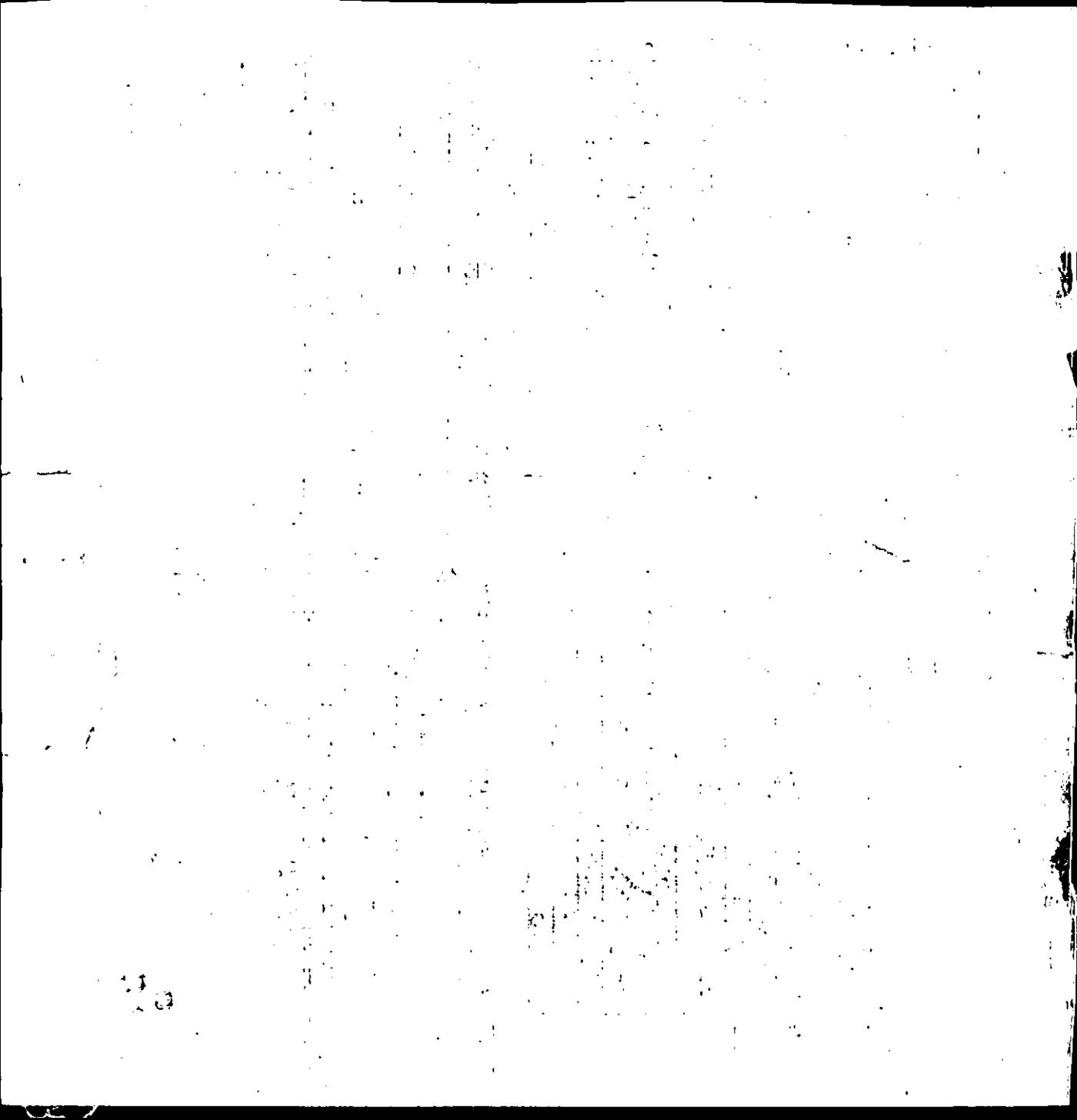
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify John C. Brown M. D.  
(Signed) John C. Brown  
(Address) 457 E. Washington Ave



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis* (No.....)

Registration District No. *991*  
Primary Registration District No. *1003*

File No. *2491*  
Registered No. *3* St. .... Ward)

**2. FULL NAME** *Lena Barth*

(a) Residence, No. .... St., .... Ward.

(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

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

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

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *JFR 12 1934* *Brudeck* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 1 1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-2491