

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

Do not use this space.

791

2515

1. PLACE OF DEATH

County..... Registration District No. 1003  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3659-~~2600~~) St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 3659 Connecticut St. 16 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1861

7. AGE YEARS 72 MONTHS 3 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

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

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) St. Louis, Mo.

13. NAME Bernhardt Ernst

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

15. MAIDEN NAME Wiesner

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

17. INFORMANT Williams Barsachs (ADDRESS) 3424 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Jan 4 34

19. UNDERTAKER (ADDRESS) Wackery Belders

20. FILED 1934 19 11 Registrar. J. Bredek

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1934 to Jan 2 1934

I last saw her alive on Jan 2 1934 Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

acute influenza  
108  
92117  
acute lobar pneumonia  
3 days  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 (Signed) W. Steiner (M. D.)

(Address) 3606 Graves

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

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.

FEB 27 1934

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