

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

1 (Do not use this space)

24479

III 14 1936

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

No. 4543 Virginia

791

1003

File No.....

Registered No. 6096

St. Ward)

2. FULL NAME

Ottilie Barth

(a) Residence, No. 4543 Virginia 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1871

7. AGE YEARS 64 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

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

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

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

MOTHER FATHER 13. NAME Fred Bable

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

15. MAIDEN NAME Johanna (Unkubur)

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

17. INFORMANT Theodore Barth (ADDRESS) 5413 Dated

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 6-15 1936

19. UNDERTAKER Southern Ind. Co. (ADDRESS) 6322 Grand

20. FILED JUN 15 1936 J. F. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 1936

22. I HEREBY CERTIFY, that I attended deceased from Nov 1, 1935, to June 12, 1936
I last saw h. alive on June 12, 1936 Death is said to have occurred on the date stated above, at 10⁰⁰ P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of left mammary gland Date of onset Nov 1 36

Other contributory causes of importance: 50

Name of operation none Date of
What test confirmed diagnosis? hist. chem. 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 W. Walters, M. D.
(Signed) W. Walters
(Address) 3608 8th St. St. Louis, Mo.

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.

