

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43623
Do not use this space.

791 2
1003

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 3770a Keokuk St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Annie Barth

(a) Residence, No. 3770a Keokuk St. St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Emil Barth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25-1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. 235
 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 Unk. Irwin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Emil Barth
 (ADDRESS) 3770a Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Dec. 27- 1937

19. FUNERAL DIRECTOR Wacker-Helderle
 (ADDRESS) 2351 S. Broadway

20. FILED DEC 25 1937 J. St. Brudeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December, 23-19 37

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1928, to 12-23, 1937

I last saw h. active on 12-23, 1937. Death is said to have occurred on the date stated above, at 10.30 m. P.M.

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

myocarditic chronic
bronchitis chronic
 Other contributory causes of importance: None
Prophetic chronic

Name of operation None 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? No 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 Philip Schlegel, M. D.
 (Signed) Philip Schlegel (Address) 1703 Grand

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.

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JUL 25 1948

STATEMENT BY LICENSED EMBALMER

I, Frank J. Elyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Elyland
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)