

FEB 12 1938

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

 1075
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St/ Louis** (d) Street No. **City Hospital** Registered No. **931**
 (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

 C. **15249** **Baby Barieter 636**
 (a) Residence, No. **2300 South 12th** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **und** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 15, 1938**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
stillborn

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as 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, Missouri**
 FATHER 13. NAME **Bert Barieter**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

 MOTHER 15. MAIDEN NAME **Edith Morgan**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**
17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **1/28/38**19. FUNERAL DIRECTOR (ADDRESS) **Dave Van Fossen**
D. V. F.20. FILED **JAN 26 1938** **J. F. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/15/38**, 1922. I HEREBY CERTIFY, That I attended deceased from **1/15/38**, 19, to **1/15/38**, 19.
 I last saw h. **R** alive on **1/15/38**, 19. Death is said to have occurred on the date stated above, at **5.25 p**
 The principal cause of death and related causes of importance were as follows:

 Date of onset
Stillborn

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) **R. Anderson**, M. D.
 (Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER .

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.
Signed.....
Licensed Embalmer No.....

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.)