

DEC 11 1939

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

41214
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1008 Primary Registration District No. 1008 Registered No. 10906
(c) City St. Louis (d) Street No. Usona Hotel, Kingshighway & Waterman 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

10344 Ann Caroline Barnard Berthold,
(a) Residence, No. Usona Hotel St. 12
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sarpy Berthold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 85
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME D. W. Barnard 14. BIRTHPLACE (CITY OR TOWN) Wilmington (STATE OR COUNTRY) Delaware

MOTHER 15. MAIDEN NAME Eliza M. Shurlds 16. BIRTHPLACE (CITY OR TOWN) Jefferson City (STATE OR COUNTRY) Missouri

17. INFORMANT Edw. S. Barnard (ADDRESS) 7831 Lafon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec. 21, 39

19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co. (ADDRESS) 3621 Olive St.

20. FILED DEC 20 1939 J. B. Beckler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Dec 18, 1938
I last saw him alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset 1934

Other contributory causes of importance: Intermittent 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. E. Jones M. D.
(Address) 4500 Olive St.

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.

I X14023

W. E. Jones
Lester Belg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

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.)

If this body is not embalmed, above space should be left blank.