

REC'D FEB 10 1939

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

653
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis** (d) Street No. **2209 Hebert 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

412 **Barbara Schleifstein**
(a) Residence, No. **2209 Hebert St.** St. **20**
(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 **Henry Schleifstein**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7, 1855**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 14 13
OCCUPATION 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) (STATE OR COUNTRY) **Germany**
FATHER 13. NAME **George Bietch**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
MOTHER 15. MAIDEN NAME **Catherine Seid**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
17. INFIRMANT (ADDRESS) **Mrs. Clara Russell 2807 Norwood Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan 23 1939**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**
20. FILED **JAN 21 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20, 1939** 19
22. I HEREBY CERTIFY, That I attended deceased from **Jan. 3**, 19**39**, to **Jan. 20**, 19**39**.
I last saw her alive on **Jan. 20**, 19**39**. Death is said to have occurred on the date stated above, at **3:50 pm.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset
Other contributory causes of importance:
Atherosclerosis
Name of operation **None** Date of
What test confirmed diagnosis? **Physical** 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? **No**
If so, specify
(Signed) **Anthony A. Prehacker** M. D.
(Address) **1525 a Cass Ave.**

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address _____

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.