

MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15912

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 70

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: 314 Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days) 65 1/2

3. (a) PRINT FULL NAME JOSEPH BARMUELLER SR.
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-09-8796

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jannie Doberny 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 5th 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Car Mfg ?

12. Name Joseph BarmueLLer ?

18. Birthplace Austria ?
(City, town, or county) (State or foreign country)

14. Maiden name Winkler
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph BarmueLLer Jr
(b) Address St Charles MO

17. (a) Burial (b) Date thereof April 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St John's Cemetery

18. (a) Signature of funeral director Wickmann-Bauer
(b) Address 326 N. 6th St - St Charles MO

19. (a) 4/26/40 (b) Clarence H. Kessler
(Date received local registrar) (Registrar's signature) A

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Jackson St
(If rural, give location)
(e) If foreign born, how long in U. S. A? 38 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1940 hour 1 minute 40 A.M.
21. I hereby certify that I attended the deceased from January 19
1940, to March April 25, 1940
that I last saw h. live alive on April 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
Due to _____
Due to _____
Other conditions Cystitis
(Include pregnancy within _____ months of death) Generalized arteriosclerosis
Major findings: _____
Of operations _____
Of autopsy _____
Duration 6 wks?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 6701
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George E. ... (M. D. or other) MD
Address St Charles Date signed 4/26/40

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.

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 *Arthur C. Bone*.....

Licensed Embalmer No. *3155*.....

P. O. Address *St Charles*.....

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.