

MAR 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 166

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1902 North Second  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Barsch

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased June 3 1858 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	8	5	hr. min.

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

10. Usual occupation Retired

11. Industry or business Cabinet Maker

MOTHER FATHER { 12. Name John Barsch  
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Richard Hope  
(b) Address 1902 North Second, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 10, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Feb 10 1941 (b) H. J. Needebach (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1902 North Second 7  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1941 hour 7 minute a M.

21. I hereby certify that I attended the deceased from January 17th, 1941, to February 8th, 1941; that I last saw him alive on Feb. 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 30 min

Due to: arterio-sclerosis many years

Due to: Psychitis - chr. 3 yrs.

Other conditions (Include pregnancy within 3 months of death) None done

Major findings: None done  
Of operations not done  
Of autopsy not done

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? \_\_\_\_\_

23. Signature H. T. Bloomer (M. D. or other) MD  
Address 1218 North 3rd, St. Joseph Date signed 2-8-41

Duration  
30 min  
many years  
3 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *Obey Jester*.....  
..... Licensed Embalmer No..... Mo. 4154.....

..... P. O. Address St. Joseph, Missouri.....

**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, fact should be so stated above.**