

No. 2  
1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13055**  
Registrar's No. **3485**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 Days**  
(Specify whether  
In this community **Syrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Anna Barbau**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hilmer Barbau** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **February 28, 1901**  
(Month) (Day) (Year)

8. AGE: Years **40** Months **1** Days **18**  
If less than one day  
..... hr. .... min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

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

16. (a) Informant **Anna Morrison**  
(b) Address **St. Louis City Hospital #1**

17. (a) ~~Cremation~~ (b) Date thereof **4-24-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **W. J. White**

(b) Address **City Hospital No. 1**

19. (a) **APR 23 1941** (b) **J. N. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **1723**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1521 South Seventh St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**  
year **1941** hour **10:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **March 22**, 19 **41** to **April 15**, 19 **41**  
that I last saw her alive on **April 15**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Old Rheumatic Heart Disease with normal thrombosis in left ventricle.**  
**Brain: Multiple emboli in both arteries & in both cerebral arteries.**  
Duration **30 yrs.**  
**25 days.**

Due to.....  
Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy **as above.**

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?

While at work? (Specify type of place) (c) Means of injury **0**  
23. Signature **Roger W. Howell** (M. D. or other)  
Address **1515 Lafayette Avenue** Date **4/25/41**

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

3485

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**