

FILED OCT 21 1942

1003

Registrar's No. 8371

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laclede Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **Birth**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **Laclede Hotel 520** *Chouteau*
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

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6
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3. (a) PRINT FULL NAME **William Barth**

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

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive

7. Birth date of deceased **April 21, 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **17** If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Paper hanger**

11. Industry or business

MOTHER FATHER
12. Name **Charles Barth**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Mueller**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Pearce**

(b) Address **5053 Alcott Ave**

17. (a) **Burial** (b) Date thereof **10/10/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **Oct 9 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8th**
year **1942** hour **Half past 8** minute **30** A. M.

21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Chronic Parenchymatous Nephritis

Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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) (Means of injury).....

23. Signature **Walter Perry** (M. D. or other).....
Address **1094 1/2** Date signed **10/9/42**

Duration

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

Francis A. Williamson

Licensed Embalmer No.

3565

P. O. Address

St. Louis Mo

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.