V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 849

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:
St. Lukes Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis, 129
(If outside city or town limits, write "RURAL")

(d) Street No. #4961 Laclede Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John David Barth

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married.

6. (b) Name of husband or wife Cora Dennis Barth.

6. (c) Age of husband or wife if alive 55? years

7. Birth date of deceased Nov. (Month) 20, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	6	— hr. min.

9. Birthplace Mascoutah (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Coal Dealer

FATHER
12. Name John Barth.
13. Birthplace unknown (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Mary-- Unknown
15. Birthplace unknown (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Mrs CHas. F. Freeman.
(b) Address #38 Brentmoor Park.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/28/1943. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) [illegible] (Date received local registrar) (b) J. F. Bridesh (Registrar's signature)

JAN 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th
year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug -30-1, 1941, to Jan -26, 1943;
that I last saw him alive on Jan -26-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia -	7 days
Due to	
Due to	
Other conditions Hemiplegia - (Include pregnancy within 3 months of death)	17 mo.

Major findings:
Of operations —
Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Frank C. Henry (M. D. or other) M.D.
Address St. Lukes Hospital Date signed 1-27-43

(Licensed Embalmer's Statement on Reverse Side)

#0

Dr. Hiram S. Liggett
3720 Washington
JE-1551
Hrs 1 10:30 ?
Dr. Kenny

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - M

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.