

FILED MAR 2 1943

State File No.

Registrar's No. 1781

Registration District No. 318

Primary Registration District No. 1003

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:
1218 Russell
(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:

(a) State. Missouri (b) County.....

(c) City or town. St. Louis, 23000
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Russell Blvd. 17
(If rural, give location)

(e) Citizen of foreign country?..... No ?
(Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Alma Barth

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. Nov 8 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>15</u>	hr. min.

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

10. Usual occupation. House Wife

11. Industry or business. House Work

12. Name Fred Barth

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

14. Maiden name. Elizabeth Scharner

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

16. (a) Informant Fred Barth

(b) Address 1218 Russell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 2/25/43
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director. J. F. Moyall

(b) Address. 1926 Allen Ave

19. (a) FEB 23 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year. 1943 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from 3-29
1941 to 2-23- 1943

that I last saw h. alive on 2-23- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage 15 yrs.
Duration

Due to Chronic myocarditis 15 yrs

Due to Rheumatism in her early years

Other conditions. had stroke in April 1941
(Include pregnancy within 3 months of death)

Major findings: none

Of operations..... none

Of autopsy..... none

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) (e) Means of injury.....

23. Signature. L. F. Murray (M. D. or other)
Address. 900 - Russell Date signed. 2-23-43

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 me
working under my personal supervision.

Registered Apprentice No. _____
Signed B. M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allen Ave

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.