

1938

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 30 1943 318

Registration District No. Primary Registration District No.

Registrar's No. 5582

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1706 S. 12th St.
(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 Mo (b) County St. Louis

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

(d) Street No. 1706 S. 12th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH F BARTA

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15
year 1943 hour 8 minute 45 P M.

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

4. Sex MALE 5. Color or race White

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

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

7. Birth date of deceased: MAR 13 1862
(Month) (Day) (Year)

Immediate cause of death Generalized Arteriosclerosis
Senility

Due to _____

Due to 97

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) BOHEMIA (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

12. Name H. K.

13. Birthplace H. K. (City, town, or county) _____ (State or foreign country)

14. Maiden name H. K.

15. Birthplace VA (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant Joseph Dwyer

(b) Address 2315 Mulberry

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 18 1943
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director G. F. TAYLOR

(b) Address 1416 N. TAYLOR

19. (a) JUN 13 1943 (Date received local Registrar) (b) G. F. TAYLOR (Registrar's signature)

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 Alfred Perry (M. D. or other) _____

Address Opportunity Date signed 6/18/43

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

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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.

Embalmer cert filed separat
Signed.....

Licensed Embalmer No. *1411*.....

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.