

7. S. No. 2
DOM-2-43
5-17-39
1-11-41
1-1-43
1-1-45

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26462**
7162

FD AUG 18 1943 **318**

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. _____

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:
1402 Linton Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Since 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. **1402 Linton Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY C. BARSTEN**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **6**
year **1943** hour **1** minute **50** P.M.

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

21. I hereby certify that I attended the deceased from _____
19 **43** to **June 1** 19 **43**
that I last saw him alive on **Aug 1** 19 **43**
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 **Single**

Immediate cause of death:
Coronary Artery Disease
Prof. L. M. Mearns

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

Due to _____
Due to _____

7. Birth date of deceased **October 7, 1888**
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death)
Prof. L. M. Mearns

8. AGE: Years Months Days If less than one day
54 **9** **30** _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Retired**

11. Industry or business **Car Painter**

12. Name **Christian Barsten**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Menrhoff**

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

16. (a) Informant **Mrs. Mary Custer**

(b) Address **1402 Linton Avenue**

17. (a) **Burial** (b) Date thereof **8/9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

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? _____

18. (a) Signature of funeral director **Math. Hermann & Son**
(b) Address **2161 East Fair Avenue**
AUG 9 1943 (c) **J. J. Brubaker**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature _____ (M. D. or other)
Address **1918 East Fair** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 20 1943

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 Herford B Burnley

Licensed Embalmer No. 4202

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.