S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40

State File No. .....

FILED FEB 4 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 989

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. Louis City Hospital (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) 25 YEARS

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 ✓

(c) City or town St Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 5436 Holly Hills (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HARRY BARMEIER

3. (b) If veteran name was Spanish Am

3. (c) Social Security No. 498-26-9850

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 30 - 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Indianapolis Ind (City, town, or county) (State or foreign country)

10. Usual occupation Retired Agent

11. Industry or business U.S. Game Cons. Com

FATHER
12. Name Barnhardt Barmeier
13. Birthplace Germany Ind (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Hahn
15. Birthplace Indianapolis Ind (City, town, or county) (State or foreign country)

16. (a) Informant Mary Barmeier

(b) Address 5436 Holly Hills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation Ney S. Peter + Paul

18. (a) Signature of funeral director Henry L Wiedemueller

(b) Address 6203 Gravois Ave

19. (a) JAN 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1944 hour ..... minute 4 a M.

21. I hereby certify that I attended the deceased from 1/29, 1944 to 1-29, 1944 that I last saw him alive on Jan 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Heart Hypertrophy

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Heart Hypertrophy, Myocardial fibrosis, hydro

Of autopsy Thorax, lung edema

Duration

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 D. J. Verdo (M. D. or other)

Address 1515 Lafayette Date signed 1-31-44

(Licensed ... ent on Reverse Side)

MAR 16 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.