. S. No. 2
00M—2-43
ev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 643

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 14

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: Cabanne Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 months (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 5
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5564 Cabanne Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GERTRUDE B. MCBRIDE

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Perry M. McBride

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

7. Birth date of deceased 8 (Month) 8 (Day) 1876 (Year)

8. AGE: Years 67 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Mitchell (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Lee Barton
13. Birthplace Allegany County (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Mary E. Alter
15. Birthplace Allegany County (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Wilfred D. Palmer
(b) Address 4258 Botanical Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell, Indiana

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JAN 3 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1944 hour 7 45 minute a. m.

21. I hereby certify that I attended the deceased from 1936, to January 2, 1944, that I last saw her alive on June 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cardiac failure - chronic myocarditis and coronary heart.	
Due to Arteriosclerosis Cerebral lo of eyes	5 yrs + 5 yrs.
Due to Chronic hypertensive cardiovascular	8 yrs +
Other conditions (Include pregnancy within 3 months of death)	

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 Fredrick Black (M. D. or other) M.D.
Address 5564 Hamilton Blvd. St. Louis, Mo. Date signed 1-3-43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R Fenwick

Licensed Embalmer No. 3793

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.