

FILED JUL 8 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **5753**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **21 days**
(Specify whether
 In this community **0**
years, months or days)

3. (a) PRINT FULL NAME **Maude Barth**

3. (b) If veteran, name war **nil**
 3. (c) Social Security No. **none**

4. Sex **F** 5: Color or race **W**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 25 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 - hr. min.

9. Birthplace **DeSoto, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Heiple**
 13. Birthplace **Unknown Pennsylvania**
(City, town, or county) (State or foreign country)
 14. Maiden name **Isabell Deason**
 15. Birthplace **Jackson County, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph L. Barth**
 (b) Address **Murphysboro, Ill.**

17. (a) **burial** (b) Date thereof **7/28/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Murphysboro, Ill.**

18. (c) Signature of funeral director **Albert H. Hoppe, Inc.**

(b) Address **4700 Washington Ave.**

19. (a) **JUN 26 1944** (b) **J. Beedek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Jackson**
 (c) City or town **Murphysboro**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1912 Walnut St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
 year **1944** hour **10:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 6**, 1944 to **June 25**, 1944
 that I last saw **her** alive on **June 25**, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, Chf.**

Due to **93**

Other conditions **Astria. Sclerosis**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. Beedek** (M. D. or other) **MD**
 Address **812 1/2 Pine St. St. Louis** Date signed **6/26/44**

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

MOTHER, FATHER

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. 2348

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.