

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22817

State File No. \_\_\_\_\_

FILED JUL 31 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6383**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **4236 Blair Ave.,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **78 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eugene Barz Sr.**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Pauline Barz**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Nov. 27th. 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**82** **7** **20** hr. min.

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

10. Usual occupation **Gunsmith**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **unknown**

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

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pauline Barz**

(b) Address **4236 Blair Ave.**

17. (a) **Funeral** (b) Date thereof **7-20-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Walter H. Spoeneman**  
**2223 St. Louis Ave.**

(b) Address

19. (a) **JUL 19 1944** (Date received local registrar)

(b) **J. F. Buech** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4236 Blair Ave.,**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th.** year **1944** hour **1:50 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **7-17-44** 19\_\_\_\_ to **7-17-44** 19\_\_\_\_; that I last saw him alive on **7-17-44** 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Scurvy** **don't know**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **Walter H. Spoeneman** (M.D. or other) \_\_\_\_\_

**Walter H. Spoeneman** (M.D. or other)

July 18, 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.....*John P. Buckholz*.....  
Licensed Embalmer No.....*1174*.....  
P. O. Address.....*2223 St. Louis Ave*.....

**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.**