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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

State File No. 18532

FILED JUN 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5215

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 147 St. George St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis J. Barth
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Barth 5
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased December 26, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	15	hr. min.

9. Birthplace St. Pore (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Iron Moulder
11. Industry or business
MOTHER FATHER
12. Name Peter Barth
13. Birthplace Highland (City, town, or county) Illinois (State or foreign country)
14. Maiden name Mary Boehnhoff
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Anna Barth
(b) Address 147 St. George St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) JUN 13 1945 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1945 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from 5/15 1942 to 6/11 1945; that I last saw him alive on 6/11 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	3 day
Due to Perforated ulcer of stomach	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N. M. Fleming (M. D. or other)
Address 3115 S Grand Date signed 6/13/45

(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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.