

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42120
State File No. _____
Registrar's No. **10427**

Registration District No. _____ Primary Registration District No. _____

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: Jewish Hospital 0
(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

3. (a) PRINT FULL NAME Edward C. Barth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara Barth

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 18th. 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

MOTHER FATHER

11. Industry or business _____

12. Name Charles Barth

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Clara Barth

(b) Address 3701 St. Louis Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/6/46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 North Euclid Ave.

19. (a) DEC 5 1946
(Date received local registrar)

J. F. Bradeck
(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. 3701 St. Louis Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd.
year 1946 hour 6.20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 22
1946, to Dec 3 1946
that I last saw him alive on Dec 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Postoperative 57a

Due to 12/7

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Hypertrophied prostate

Of operations _____

Of autopsy Pneumonia

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)

Means of injury _____

23. Signature Jules Klapp (M. D. or other) _____

Address 4500 Olive Date signed 12/6/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jules H. Kopp

4500 Olive

F.O. 3800

3:30 pm *W. Kopp*

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 *Robert L. Brinkman*
Licensed Embalmer No. *3553*
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.