S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14757

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4314

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1835 Russell Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BARBARA WANDER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 25 (Day) 1858 (Year)

8. AGE: Years 89 Months 6 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Bernard Barutio
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
14. Maiden name Katherine Gansmann
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Bernard Wander
(b) Address 1835 Russell Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day SIXTH year 1948 hour SIX minute 20 P.M.
21. I hereby certify that I attended the deceased from APRIL 27, 1948, to MAY 6, 1948; that I last saw h. alive on MAY 6, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death intestinal obstruction chronic, incomplete
Due to etiology undetermined
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy post mortem not permitted by family

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external cause, 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 Henry Salmson M. D. Coroner
Address Barnes Hospital, Date signed May 1948

Jefferson City Printing Co.

(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 Richard N. Stoveand

Licensed Embalmer No. 4007

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.