

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9792
Registrar's No. 2330

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9792		Registrar's No. 2330			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis					c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION Gietner Home 4					d. STREET ADDRESS (If rural, give location) 5000 S. Broadway						
3. NAME OF DECEASED (Type or Print) Barbara					4. DATE OF DEATH (Month) (Day) (Year) March 12, 1949						
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 25, 1868		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid					10b. KIND OF BUSINESS OR INDUSTRY NONE					11. BIRTHPLACE (State or foreign country) Austria 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Muck					13b. MOTHER'S MAIDEN NAME UNKNOWN					14. NAME OF HUSBAND OR WIFE Nicholas Becker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No					16. SOCIAL SECURITY NO. NONE					17. INFORMANT'S SIGNATURE OR NAME ADDRESS DR. Carl Kloeppel 905 MORRISON	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic Acidosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 61 212X					INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs	
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)					21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.					21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK					21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 24, 1941, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 2:50 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. L. Hirschmuerder M.D. - O					23b. ADDRESS 5000 S. Broadway					23c. DATE SIGNED 3/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial					24b. DATE 3-15-49					24c. NAME OF CEMETERY OR CREMATORY Mount Hope Mausoleum	
24d. LOCATION (City, town, or county) (State) ST. Louis, Mo.											
DATE REC'D BY LOCAL REG. MAR 14 1949					REGISTRAR'S SIGNATURE J. B. Sarates					25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS With Bros. L. & U. Co. 2929 So. Jefferson	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No.

working under my personal supervision.

Signed

J. M. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. *3744*

P. O. Address *2929 So. 1st*

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.