

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35624

|   |                        |  |                                 |  |
|---|------------------------|--|---------------------------------|--|
| BIRTH NO.   |                        | REG. DIST. NO. 317   | PRIMARY REG. DIST. NO. 3070     | Registrar's No. 245-4  |
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY St. Louis  |                                 |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves   |                        | c. LENGTH OF STAY (In this place)<br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4617  |                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 475 E. Jackson Rd.  |                        | d. STREET ADDRESS 475 E. Jackson Rd.   |                                 |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Henrietta   |                        | b. (Middle) Barth  |                                 | c. (Last) Barth  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br>Oct. 11, 1950  |                        |  |                                 |  |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  | 8. DATE OF BIRTH Sept. 10, 1875 | 9. AGE (In years last birthday) 75   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |                                 | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |                        |  |                                 |  |
| 13a. FATHER'S NAME Mathias Barth  |                        | 13b. MOTHER'S MAIDEN NAME Catherine Heintz   |                                 | 14. NAME OF HUSBAND OR WIFE None   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |                        | 16. SOCIAL SECURITY NO. none   |                                 | 17. INFORMANT'S SIGNATURE OR NAME L. C. Leimkuehler 475 E. Jackson Web. Gr                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |                        | MEDICAL CERTIFICATION<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism  |                                 | INTERVAL BETWEEN ONSET AND DEATH 1 hr.   |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |                        | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic heart<br>DUE TO (c) disease with hypertension and decompensation. |                                 | years 4200   |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |                                 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| 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)   |                        | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                 | 21f. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from 3-31-50, 19__, to 10-11-50, 19__, that I last saw the deceased alive on 10-11-50, 19__, and that death occurred at 10:00 A.M., from the causes and on the date stated above. |                        |  |                                 |  |
| 23a. SIGNATURE (Degree or title) L. C. Leimkuehler M.D.   |                        | 23b. ADDRESS 204 E. Big Bend Webster Groves, Mo.   |                                 | 23c. DATE SIGNED 10-12-50  |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Cremation  |                        | 24b. DATE 10-13-50   |                                 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory  |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri   |                        |  |                                 |  |
| DATE REC'D BY LOCAL REG. OCT 13 1950  |                        | REGISTRAR'S SIGNATURE [Signature]  |                                 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME INC. 73 W. LOCKWOOD AVE WEBSTER GROVES, MO. |

(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

~~working under my personal supervision.~~

Student Embalmer No. ....

Signed

*J. W. M. Binkley*

Signed.....

Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *H. Lakes, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.