

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29222

State File No. _____

7848

FILED SEP 3- 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO 0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0500</u> OR TOWN <u>RURAL ROCK TOWNSHIP 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR FLAMM CITY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT C.</u> b. (Middle) <u>BARTH.</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16. 1952.</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 13. 1889</u>
9. AGE (In years last birthday) <u>63</u>	10. MONTHS <u>3</u>	10. DAYS <u>6</u>	10. HOURS <u>-</u> MIN. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>EDMOND BARTH</u>	
13b. MOTHER'S MAIDEN NAME <u>LOUISE HIRSCH</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA BARTH ARNOLD MO.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>WORLD WAR I</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARTIN MALL - ARNOLD MISSOURI</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Larynx</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>161X</u>	
22. I hereby certify that I attended the deceased from <u>June 24, 1952</u> , to <u>August, 1952</u> , that I last saw the deceased alive on <u>Aug 16, 1952</u> , and that death occurred at <u>11:20 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>A. R. Koettel, M.D.</u>		23b. ADDRESS <u>3606 Genois</u>	23c. DATE SIGNED <u>8/16/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>	24b. DATE <u>AUG 19, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE MAUSOLEUM.</u>	24d. LOCATION (City, town, or county) (State) <u>LEMAI 23, MO.</u>
DATE REC'D BY LOCAL REG. <u>AUG 19 1952</u>	REGISTRAR'S SIGNATURE <u>J. C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL MO.</u>	

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

REC 11 1952

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.

Student
Student Embalmer

Signed Arthur W. Skilington

Licensed Embalmer No. 3802

P. O. Address Imperial Mo.

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.