

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13091

State File No.

FILED MAY 13 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3762**

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| 1. PLACE OF DEATH a. COUNTY Missouri | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY St Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. CITY OR TOWN St Louis | |
| c. LENGTH OF STAY (In this place) 28 days | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital | | STREET ADDRESS (If rural, give location) 25 1722 Franklin | |
| 3. NAME OF DECEASED (Type or Print) Catherine | | a. (First) Barth | |
| b. (Middle) | | c. (Last) | |
| 4. DATE OF DEATH April 18 1955 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH 10/8/1865 | | 9. AGE (In years last birthday) 89 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Unknown | | 12. CITIZEN OF WHAT COUNTRY? Unknown | |
| 13a. FATHER'S NAME unk | | 13b. MOTHER'S MAIDEN NAME unk | |
| 14. NAME OF HUSBAND OR WIFE unk | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 4 years ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic Brain Syndrome associated with cerebral arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 4200 | | 22. I hereby certify that I attended the deceased from March 21, 1955 , to April 18, 1955 , that I last saw the deceased alive on April 18, 1955 , and that death occurred at 12:40 AM from the causes and on the date stated above. | |
| 23a. SIGNATURE George M. Tanaka, M.D. (Degree or title) | | 23b. ADDRESS 5600 Arsenal | |
| 23c. DATE SIGNED Apr. 18, 1955 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE 4-30-55 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REG. APR 28 1955 | |
| REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Lowland Barber Mortuary Service ADDRESS | |

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.