

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30572**
Registrar's No. **8642**

BIRTH NO. **FILED** **OCT 7 - 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY BOUD			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 40 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 VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 8120 S			
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS		b. (Middle) RAY		c. (Last) BARTH	
4. DATE OF DEATH (Month) (Day) (Year) 10-1-55		5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-24-95		9. AGE (In years last birthday) 60 If under 1 year: Months _____ Days _____ If under 6 hrs: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RURAL MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY FEDERAL GOVERNMENT		11. BIRTHPLACE (City and State or Foreign Country) TAMALCO, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GUS BARTH		13b. MOTHER'S MAIDEN NAME MARGARET LOEBIG	
14. NAME OF HUSBAND OR WIFE GEORGIA BARTH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 338-16-4382	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES (b) Peritonitis, following abdominal surgery 3 Days DUE TO (c) Myocardial infarction, recent II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis right lower lobe		INTERVAL BETWEEN ONSET AND DEATH 1 Hour Unknown Unknown	
19a. DATE OF OPERATION 9-21-55 9-29-55		19b. MAJOR FINDINGS OF OPERATION Gastric Ulcer Evisceration, perforation of small bowel plastered to incision		20. AUTOPSY? YES <input checked="" 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 540.1	
22. I hereby certify that I attended the deceased from 8-22-55 , 19___, to 10-1-55 , 19___, and that death occurred at 8:45 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. P. Lamb		23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 10-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-2-55		24c. NAME OF CEMETERY OR CREMATORY Fayette County, Ill.	
24d. LOCATION (City, town, or county) (State) Fayette County, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Runnells, Mulberry Grove, Ill.		ADDRESS Runnells, Mulberry Grove, Ill.	
DATE REC'D BY LOCAL REG. OCT 3 1955		REGISTRAR'S SIGNATURE [Signature]		52. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

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. 4.....

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.