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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40138
STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2663

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakland — Inside Limits Yes X No ☐	c. CITY OR TOWN Oakland 4700 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ursuline Convent — Length of stay in 1b 30Yrs.	d. STREET ADDRESS 800 E. Monroe (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Sister Mary Middle Beda Last Barzen

4. DATE OF DEATH: Month Nov. Day 8 Year 1956

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 15, 1866

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Convent

10b. KIND OF BUSINESS OR INDUSTRY: Religion

11. BIRTHPLACE (City and state or country): Zell, Germany

12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME: Peter Barzen

14. MOTHER'S MAIDEN NAME: Gertrude Pellenz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Address: Ursuline Convent, 800 E. Monroe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pneumonitis 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1944, to Nov. 8, 1956 and last saw her alive on Nov. 7, 1956
Death occurred at 8:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. J. Voelmer (Degree or title) M D

22b. ADDRESS: 33 W. Big Bend

22c. DATE SIGNED: 11/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/10/56

23c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery

23d. LOCATION (City, town, or county) (State): Kirkwood 22, Mo.

24. FUNERAL DIRECTOR: Pfitzinger Mortuary, Kirkwood, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.: 11-9-56

26. REGISTRAR'S SIGNATURE: Herbert A. Donle M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. H-3

P. O. Address Houston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.