Health, Welfare Public Service

300 -57

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3985

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEMAY — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) LEMAY NURSING HOME — Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 3637 LIERMAN — Reside on Farm Yes ☐ No ☑

37 15 10

3. NAME OF DECEASED (Type or print) First EDWIN Middle F Last BARTH		4. DATE OF DEATH Month JAN Day 18 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH DEC 6 1900
9. AGE (In years last birthday) 57	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) BREWERY DRIVER	10b. KIND OF BUSINESS OR INDUSTRY GRIESEDIECK BREWERY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U-S-A.
13a. FATHER'S NAME CHARLES BARTH	13b. MOTHER'S MAIDEN NAME SUSANNA STAHL	14. NAME OF HUSBAND OR WIFE None	
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. 494-07-7348	17. INFORMANT LEONORA BARTH Address 5322 MURDOCH	

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) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 12-15-57, to 1-18-58 and last saw her/him alive on 1-18-58

Death occurred at 5 45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Mulvo (Degree or title) MD	22b. ADDRESS 1900 Telegraph	22c. DATE SIGNED 1-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 21 1958	23c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEM
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO		
24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois	25. DATE RECD. BY LOCAL REG. 1-20-58	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD arc

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I for the symptoms. All diseases in Part I must be causally related.

TW 8-2233

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 Forrest O Dill

Licensed Embalmer No. 4347

P. O. Address 2206 Grove

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.