

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036936
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2631

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 28 1962

1. PLACE OF DEATH
a. COUNTY St. Louis County

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 Winchester Length of stay in 1b 2-mos.

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs. Home Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3640a Phillips Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Helen Middle L. Last Barth 4. DATE OF DEATH Month Sept. Day 10, Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/20/89 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Herman Keller 13b. MOTHER'S MAIDEN NAME Sebiela Herter 14. NAME OF HUSBAND OR WIFE Emil J. Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Mrs. Chas. Desselman - 5946 Floy

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
DUE TO (b) SENILITY
DUE TO (c) 112.7.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 APRIL 1, 1962 to SEPT. 10, 1962 and last saw her ^{her} alive on SEPT. 8, 1962
Death occurred at 4:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE BR. Loving, M.D. (Degree or title) 22b. ADDRESS BALLWIN, Mo. 22c. DATE SIGNED 9-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 13, 1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave. ADDRESS 9-11-62 25. DATE RECD. BY LOCAL REG. 9-11-62 26. REGISTRAR'S SIGNATURE J. M. Murphy M.D.

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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR OR TYPEWRITER RIBBON

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

Charles M. Billo

Licensed Embalmer No. 4375

P. O. Address Louis 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.