N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27638
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Lutheran Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 7652

2. PRINT FULL NAME Emil J. Barth 630
(a) Residence, No. 3542 Bamberger Ave. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Barth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd. 1888.

7. AGE: YEARS 49 MONTHS 9 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ass't. Sup't.
9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

FATHER
13. NAME Peter Barth 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Louise Tisch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Helen Barth 3542 Bamberger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Aug. 30 yh. 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED ..... 19 ..... J. D. Brehek Local Registrar.
AUG 2 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 27th. 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1938, to 8/27, 1938
I last saw him alive on 8/27, 1938. Death is said to have occurred on the date stated above, at 7.15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage of Brain	8/26.
Other contributory causes of importance:	
Chr. nephritis	8/1937
Hypertension	

Name of operation ..... Date of .....
What that confirmed diagnosis? Bl. Pressure Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Eliz Simpson, M. D.
(Address) 3729 Gravois ave

(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 embalmed by me, Robert C Wheeler, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.