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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9140

Registrar's No. 2550

079

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mo 14 days (Specify whether years, months or days)

In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County N.R.

(c) City or town Richmond Heights 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Bellview 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Birdie Barg

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Abe S. Barg

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased Dec. 19, 1890 (Month) (Day) (Year)

8. AGE: Years 50 | Months 3 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace (unk) (City, town, or county) Hungary (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Meyer Ehrnfeld
13. Birthplace (City, town, or county) Hungary (State or foreign country)

MOTHER
14. Maiden name Yetta Meisels
15. Birthplace (City, town, or county) Hungary (State or foreign country)

16. (a) Informant Abe S. Barg
(b) Address 1224 Bellview

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAR 21 1941 (Date received local registrar) (b) J. Niedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 7-6, 1940 to 3-20, 1941; that I last saw her alive on 3-20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia Bronchio	5 days
Due to: Organism Unidentified	
Due to: Chronic Myocardosis & chronic decompensation	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy 93 C

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. R. Biermann, M. D. (M. D. ~~or other~~)
BARNES HOSPITAL
Address Date signed 8-21-41

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

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 this body is not embalmed, fact should be so stated above.