873
S. NO. REG.
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40496

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10248

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3651 N. Market St. E
(If rural, give location)
(e) Citizen of foreign country? J (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph Barth
3. (b) If veteran, name war No.
3. (c) Social Security No. 494-10-3781
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 14 (Day) 1874 (Year)

8. AGE: Years 67 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Night watchman
11. Industry or business Bil Sausage Co.
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Theodore C. Fiel
(b) Address 3904a Ashland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Church
18. (a) Signature of funeral director [illegible]
(b) Address 2223 St. Louis Ave.
19. (a) DEC 26 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23, year 1941 hour 7:45 minute P. M.
21. I hereby certify that I attended the deceased from December 10, 1941, to December 23, 1941, that I last saw him alive on December 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis, Left	
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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

23. Signature L. V. Mulligan (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/24/41

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2nd & 3 St. Louis C

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.