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29702

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8481**

FILED OCT 2 - 1943

Registration District No. _____ Primary Registration District No. **1003**

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **Normandy**
(If outside city or town limits, write "RURAL")
(d) Street No. **6806 Grove Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Barbir**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph Barbir**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **July 20 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **2** Days **3**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **William Pouska**
13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Tockstein**
15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Barbir**

(b) Address **6806 Grove Ave**

17. (a) **Burial** (b) Date thereof **9/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Wm. E. Moyall**
(b) Address **1926 Allen Ave.**

19. (a) **SEP 25 1943** (b) **J. P. Hudec**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23rd**
year **1943** hour **9:15 am** minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 14**, 19**43** to **Sept 23**, 19**43**
that I last saw her alive on **Sept 23**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
Chloroform
Due to **Hyperextension** **4 mo**
Due to **9/23**
Other conditions **Acute cholecystitis + Cholelithiasis** **10 days**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Acute Cholecystitis + Cholelithiasis**
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **W. E. Moyall** (M. D. or other) **MD**
Address **4176 S. Shreve Ave** Date signed **9/24/43**

844

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1946

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 JWC

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

Signed W. B. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen ave

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.