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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25412

State File No.

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7206

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Park Lane Hospital 0
(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 000

(c) City or town Saint Louis 174
(If outside city or town limits, write "RURAL")

(d) Street No. 1110a Tamm 9
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Janis Lee Barth

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married; divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased August 15, 1945
(Month) (Day) (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation --

11. Industry or business

FATHER
12. Name Joseph Barth
13. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elsa Brix
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Joseph Brix
(b) Address 1110a Tamm Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) AUG 17 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16.
year 1945 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug - 15, 1945, to Aug 16, 1945;
that I last saw her alive on Aug - 16, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Cyanosis (Blue Baby)	1 day
Due to: Patent foramen ovale	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 H. C. Bohrer M.D. (M.D. or other)
Address 315 University Club Bldg Date signed 8/17/45

(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 NO EMBALMING, Registered Apprentice No. ....., working under my personal supervision.

Signed Philip M. Craig

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

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.