V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 5 1946

10871

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2882

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

9783

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:
4154 Folsom Ave.
(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 Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. NR2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Emma Barneko

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Barneko

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

7. Birth date of deceased March (Month) 15 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	11	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Schultz
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Franklin
(b) Address 4172 Folsom Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 27 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1946, to Mar. 26 1946
that I last saw her alive on 3-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	1 yr
Due to Carcinoma Uterus Primary	2 yrs
Due to Carcinoma Metas. to liver Omentum	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48

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 Dr Gustav Dahms (M. D. or other)
Address 1452 So Grand Date signed 3-27-46

(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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.