

U. S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

**FILED AUG 23 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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, 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Coles **999**  
 (c) City or town Mattoon **11**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1308 Shelby St. **NR-0**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otis PAUL BARTH  
 3. (b) If veteran, name war Nil  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Mandeline Barth  
 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased March 18 1907  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 4 27 hr. \_\_\_\_\_ min.

9. Birthplace Mattoon, Fairland Illinois Indiana  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Merchant

11. Industrial business  
 12. Informant Charles Barth

13. Birthplace Unknown Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frances Yost

15. Birthplace Unknown Indiana  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs. W.M. Fuller  
 (b) Address Mattoon, Illinois

17. (a) Removal (b) Date thereof 8-15-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mattoon, Illinois

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

19. (a) AUG 15 1946 (b) J. F. Bredbeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
 year 1946 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 8, 1946 to Aug 15, 1946  
 that I last saw him alive on Aug 15, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis  
 Due to Lungs not involved

Due to \_\_\_\_\_  
 Other conditions HA  
 (Include pregnancy within 3 months of death)

Major findings: HA  
 Of operations \_\_\_\_\_  
 Of autopsy Tuberculous meningitis

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)  
 (c) Means of injury 0  
 23. Signature J.R. Bradley (M. D. \_\_\_\_\_)  
Barnes Hospital Address Date signed 8/15/46

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

MOTHER

Copy in file 46  
8/15/46

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**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..... *Henry M. Brammer*  
Licensed Embalmer No..... *4200*  
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.**



28419