

2. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18584
Registrar's No. 5157

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
Missouri Baptist
(d) Length of stay: In hospital or institution _____
In this community _____ Years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County one
(c) City or town St. Louis
(d) Street No. 5208 Lindenwood Ave.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Ida S. Barnbeck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1947 hour 12 minute 10 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl A. Barnbeck
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan 17 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-18-1946 to 5-22-1947
that I last saw her alive on 5-11-47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 4 5 hr. min.

Immediate cause of death DIABETIC MELITUS Duration 17 y.

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

Also CORONARY THROMBOSIS 6 weeks
Also CEREBRAL THROMBOSIS 2 days

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name John Schieck
13. Birthplace Germany
14. Maiden name Anna ?
15. Birthplace Missouri

Other conditions _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Carl A. Barnbeck
(b) Address 5208 Lindenwood

17. (a) Burial (b) Date thereof May 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Old St. Marcus Cem
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director _____
(b) Address 6464 Chippeva St.

19. (a) MAY 23 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

23. Signature R. Ruhlring (M. D. or other) _____
Address 5203 Chippeva Date signed 5-22-47

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

Dr. R. Ruhling
5205a Chippewa St.

6:30 PM

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... *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address... *7814 S Broadway*

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.