S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30821

Registrar's No. 8589

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: DePaul Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 8632 Oriole Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elnoa Barch

3. (b) If veteran, name war None

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 Edward Barch

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. (Month) 21 (Day) 1904 (Year)

8. AGE: Years 44 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jacob Butza
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Wesolwski
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward Barch

(b) Address 8632 Oriole Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Diedrich F. Hams

(b) Address 8319 Halls Ferry Rd.

19. (a) OCT 2 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1948 hour 2 45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 30-48, 19, to Oct 1, 1948; that I last saw her alive on Sept 30-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occulsion

Due to Hypertensive cardio-vascular disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Al C Gerst M.D. (M. D. or other)

Address 2114 E Grand Date signed Oct 4-48

(Licensed Embalmer's Statement on Reverse Side) AL . C.GERST

Aug 5 111

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 Robert M. Murray

Licensed Embalmer No. 3741

P. O. Address St. Louis, Mo

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.