. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30822
Registrar's No. 7955

1. PLACE OF DEATH:
(a) County: St. Clair
(b) City ~~or town~~: St. Louis --
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days
In this community: Ten Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair.
(c) City or town: East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: #613 North 24th Street--
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fred G. Bareis
3. (b) If veteran, name war: No.
3. (c) Social Security No.: 327-03-4594
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nonie Bareis
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March 2nd 1877 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 6 | 7 | hr. min. |

9. Birthplace: East St. Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Genl. Mgr., Natl. Stk Yds.
FATHER
12. Name: Fred Bareis
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Barbara Meyer
15. Birthplace: Germany No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Edward F. Bareis
(b) Address: 613 North 24th Street
17. (a) Removal (Burial, cremation, or removal) (b) Date: East St. Louis, Ill. 9-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Carmel
18. (a) Signature of funeral director: Geo. M. Brickler
(b) Address: 2218 State St., E. St. Louis, Ill.
19. SEP 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: Ninth year: 1948 hour: 7 minute: 35 PM (C.S.T.)

21. I hereby certify that I attended the deceased from 5-17-, 1935 to 9-9-, 1948 that I last saw him alive on Sept. 9, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary infarction | 1 hr |
| Due to: Coronary Occl. | 6 mo |
| Due to: | |
| Other conditions (include pregnancy within 3 months of death): | |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: O. P. J. Falk (M. D. or other)
Address: 301 Humboldt Bldg. Date signed: 9/9/48

Jefferson City Printing Co.
(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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

**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.