FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31582

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8219

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1259 Sells Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1259 Sells Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Barlbort
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22nd, 1949

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 31st 1863

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis County

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Christian Warnecke

13b. MOTHER'S MAIDEN NAME: Rosie Abel

14. NAME OF HUSBAND OR WIFE: Henry Barlbort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Sophia Nieshoff, 1259 Sells Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Dilatation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Chronic myocarditis

DUE TO (c): Chronic endocarditis (mitral ins.)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arterio Sclerosis - Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 97

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 4221

22. *I hereby certify that I attended the deceased from* Feby 4, 1947 *to* Sept. 22, 1949 *that I last saw the deceased alive on* Sept. 21, 1949 *and that death occurred at* 2:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. C. Krenning MD

23b. ADDRESS: 4548 Harris Av

23c. DATE SIGNED: 1/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9/24/49

24c. NAME OF CEMETERY OR CREMATORY: Salem Luth. Cemetery

24d. LOCATION (City, town, or county) (State): Black Jack, Mo.

DATE REC'D BY LOCAL REG.: SEP 23 1949

REGISTRAR'S SIGNATURE: J B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Diedrich F. Home, 8319 Hallsferry

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Elmo R. Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.