S. No. 300
v. 10.48

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

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32595

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2114

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3106 Thelma Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston 4291
d. STREET ADDRESS (If rural, give location): 3106 Thelma Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 14, 1884
9. AGE (In years last birthday): 69 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Austria-Hungary
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ? unk.
13b. MOTHER'S MAIDEN NAME: unk. Skorona
14. NAME OF HUSBAND OR WIFE: John Barsos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Pete Barsos — ADDRESS: 1920 Sidney St.

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): Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cirrhosis of liver — x yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1953, *to* Sept 3, 1954, *that I last saw the deceased alive on* Sept 3, 1954, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Walsh M.D.
23b. ADDRESS: 8324 St Charles Rd St Louis 14 Mo
23c. DATE SIGNED: 9/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/54
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 9/4/54
REGISTRAR'S SIGNATURE: Herbert R. Lomke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: HULICK UND. CO.
ADDRESS: 1722 S. Jefferson

(Licensed Embalmer) (See 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4655

P. O. Address [illegible]

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.