

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-041080**

FILED VS DEC 5 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1229 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>50 Years</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hillside Nursing Home</u> <u>713 North 7th. Street</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3122 Seneca</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>O.</u> Last <u>BARSCH</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Bauman</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Roux</u>		14. NAME OF HUSBAND OR WIFE <u>Henry D. Barsch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Henry D. Barsch</u> Address <u>St. Joseph, Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic cardiovascular disease</u> <u>&amp; repeated small strokes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>		COUNTY <u>Missouri</u>		STATE	
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21. I attended the deceased from Sept 9, 1947 to Nov 24 - 1960 and last saw her/him alive on 11-21-60  
 Death occurred at 11-24-60 9:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wm B. Root M.D.</u>		22b. ADDRESS <u>316 No 10th St Joseph Mo</u>		22c. DATE SIGNED <u>11-25-60</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 26, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Joseph</u>		STATE <u>Missouri</u>	
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24. FUNERAL DIRECTOR <u>H. O. Sidenfaden &amp; Son</u>		ADDRESS <u>St. Joseph, Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>Nov. 29, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Gardell</u>			
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION W.B. Root, M.D.

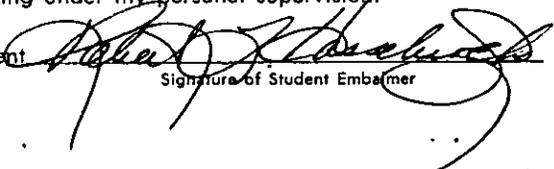
(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Robert L. Hassebroek, Student Embalmer No. 617

working under my personal supervision.

Student

  
Signature of Student Embalmer

Signed

  
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Miss

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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