

318, Primary Registration District No. 1003 Registrar's No. 8610 =61-034015
 STATE FILE NUMBER

AMENDED

Registration District No. 318, Primary Registration District No. 1003 Registrar's No. 8610
FILED SEP 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in lb	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6266 GOENER
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle Last BARTH	4. DATE OF DEATH Month SEPT Day 15 Year 1961
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5. SEX Male	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY 28, 1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker	10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Edmund BARTH	13b. MOTHER'S MAIDEN NAME Louise HIRSCH	14. NAME OF HUSBAND OR WIFE FRANCES CREEK 6266 GOENER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT FRANCES CREEK 6266 GOENER	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage caused by Fractured ribs;		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Extracerebral: Cerebral Edema; Suffered in fall on steps while working at 605 Arsenal St. 9-15-61.	
DUE TO (c) Extracerebral		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a))	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above
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20c. TIME OF INJURY Hour ? Month, Day, Year 9-15-61
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 24x factory	20f. CITY, TOWN, OR LOCATION St. Louis, Mo	COUNTY	STATE
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21. I attended the deceased from **12A** to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	22b. ADDRESS 1300 Clark Ave.	22c. DATE SIGNED 9-15-61
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23a. BURIAL, CREMATION, REMOVAL* (Specify) BURIAL	23b. DATE SEPT 18, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.	23d. LOCATION (City, town, or county) ST. LOUIS	(State) Mo
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24. FUNERAL DIRECTOR Thomas Katis 2906 Gravois	25. DATE RECD. BY LOCAL REG. SEP 15 1961	26. REGISTRAR'S SIGNATURE Roald Smith M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed

E. Lewis Province

Licensed Embalmer No. 3403

P. O. Address 2906 Groves

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

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