

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017344

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4197 STATE FILE NUMBER

FILED APR 23 1963
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 1b 8 yrs c. CITY OR TOWN St. Louis Inside Limits Yes No
c. FULL NAME OF HOSPITAL OR INSTITUTION 3948 So. Broadway Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3948 So. Broadway Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Carl Barth April 12, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Apr. 22, 1894 9. AGE (last Birthday) 68 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer 10b. KIND OF BUSINESS OR INDUSTRY Ludlow Saylor Wire 11. BIRTHPLACE (City and state or country) Warsaw, Poland 12. CITIZEN OF WHAT COUNTRY N. C.

13a. FATHER'S NAME William Barth 13b. MOTHER'S MAIDEN NAME Marie Lamprecht 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Anthony Kahlert Address 3585 Westridge Ia.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 50 yrs
DUE TO (b) Rheumatic Heart Disease 50 yrs
DUE TO (c) H/O

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General & Central arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-24-61 to 4-8-63 and last saw her/him alive on 4-8-63. Death occurred at 11:20 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Redington M.D. 22b. ADDRESS Cleary to Mo 950 Francis Blvd 22c. DATE SIGNED 4-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-16-1963 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Kriegshauser 4228 So. Kingshighway ADDRESS 25. DATE RECD. BY LOCAL REG. APR 15 1963 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

90

Dr. J. Redington
950 Francis Pl.

Pa. 7-5336
11/15-8/MON

88-20-884

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 Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address St. Louis Mo

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.