

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AGE 26 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Harris
City St. Louis (No. 1)

Registration District No. 576
Primary Registration District No. 5773

File No. 23836
Registered No. 7
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22-1855</u>		
7. AGE <u>78</u>	YEARS <u>78</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Charles Barthelt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Sarah Wilder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Carrie Duvall</u> (ADDRESS) <u>California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Ch. Cem</u> DATE <u>7/30</u> 19 <u>33</u>		
19. UNDERTAKER <u>William & Fred Meyer</u> (ADDRESS) <u>California Mo</u>		
20. FILED <u>8-10</u> 19 <u>33</u> <u>St. Louis, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to July 28th 1933.
I last saw her alive on July 27th 1933. Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:
Had up disease General
Failure of all organs
of the body, all weakened
together, no general
disturbance of fluids, all organs
weakened, no disease
Other contributory causes of importance no disease

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1933
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No disease, gradual failure
(Signed) H. Blacksten M. D.
(Address) Waverly, Mo.

