

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 1985  
Township ..... Primary Registration District No. 2302  
City St. Louis (No. 2235 Indiana Ave) St. .... Ward)

**21544**

File No. ....  
Registered No. **5331**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2235 Indiana St. 23 Ward. ....  
(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Claude F. Barchi</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13 - 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	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. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>97</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
MOTHER / FATHER	13. NAME <u>Robert Nieder</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Rose Mueller</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>
	17. INFORMANT (ADDRESS) <u>Claude F. Barchi</u> <u>2235 Indiana Ave</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo. Crematory</u> DATE <u>June 19, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Fitz Taylor</u> <u>2912 Lafayette St</u>		
20. FILED <u>LN 19 1933</u> <u>J. J. Brebeck</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 10, 1933, to June 16, 1933  
I last saw h. or alive on June 10, 1933 Death is said to have occurred on the date stated above, at 7:02 a.m.

The principal cause of death and related causes of importance were as follows:  
Myocardial Chronic  
Atherosclerosis  
Resurrection  
97

Other contributory causes of importance:  
Thrombus of  
Popliteal artery

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Food Steward  
(Signed) Clemens Badg M. D.  
(Address) Clemens Badg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Floyd Stewart

Smith - 1509

Chemical Bldg.