

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.

Registration District No. 1002

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Orthodox Old Folks Home 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 27 yrs
years, months or days)

3. (a) PRINT FULL NAME Max Barr (60-2)
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Bessie Barr 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Grodno Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (retired)

11. Industry or business scrap iron

12. Name Noah Barr

18. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Anna (unk)

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nathan Barr

(b) Address 1417 Burd

17. (a) Burial (b) Date thereof 7 2 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUL 2 1939 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 1438 E. Grand 9
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 27 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
 year 1939 hour 1:55 minute 0 M.

21. I hereby certify that I attended the deceased from Jan
 _____, 1937, to 6/28, 1939;
 that I last saw him alive on 6/28, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver Duration 3 mos.

Due to _____

Due to _____

Other conditions Diabetes mellitus
Cholelithiasis, & Chr. Cholecystitis

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature E. J. S. [unclear] (M. D. or other) Ind.

Address 622 [unclear] [unclear] Date signed 7/2/39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.