S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16137

State File No. 4972

FILED JUN 9 1944

Registration District No. 31

Primary Registration District No. 1003

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:
Home, 1616 Hamilton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1616 Hamilton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BEN BARNEY

3. (b) If veteran, name war

3. (c) Social Security No. 496-2205640

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Sarah Barney

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 8, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Men's

FATHER
12. Name Jacob Tzubly Barney
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Tchoma
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Sam Barney
(b) Address 901 Eastgate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director O. Penhandler
(b) Address 4469 Washington

19. (a) MAY 30 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29, year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 10, 1939, to May 29, 1944 that I last saw him alive on May 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	24 hrs
Due to: Carcinoma left lung.	several years?
Due to: (left upper lobe)	
Other conditions: Abscess left lung. (Include pregnancy within 3 months of death)	6 months

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Joseph Magidson (M. D. or other) MD.
Address 520 Westgate Date signed 5-29-1944

(Licensed Embalmer's Statement on Reverse Side)

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 H. B. Kirchandler

Licensed Embalmer No. 3669

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, fact should be so stated above.