

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8631

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME: (Ester Barenholtz) Esther Barnholtz

3. (b) If veteran, name war: no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife: Abraham Barnholtz

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

7. Birth date of deceased: November 20, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: Volhynia U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business _____

12. Name: Moses Goldring

13. Birthplace: U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name: Miriam (UNK)

15. Birthplace: U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant: A. Barnholtz

(b) Address: 1414 Burd ave.

17. (a) burial (b) Date thereof: 10/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director: _____

(b) Address: 4715 McPherson ave.

19. (a) OCT 11 1944 J. F. Bredack
(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. 1414 Burd 1438 E. Grand
(If rural, give location)

(e) Citizen of foreign country? Alien # (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/26, 1944, to 10/9, 1944, that I last saw h. et alive on 10/9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure

Due to: arteriosclerotic heart dis. 2 years

Due to: _____

Other conditions: pulmonary emphysema
(Include pregnancy within 3 months of death)
chronic bronchitis

Major findings: _____
Of operations: _____

Of autopsy: none

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: David Leeaway (M. D. or other) MD

Address: Jewish Hospital Date signed 10/9/44

Duration 1 day

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

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. 1597.....
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.