

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14828**
4200
Registrar's No.

FILED **MAY 1 1947**
318

Registration District No. _____ Primary Registration District No. **1003**

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

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

(d) Length of stay: In hospital or institution **20 Days**
(Specify whether _____)

In this community _____
years, months or days)

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. **3617 A. Wilmington Ave**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Florence M. Barnholtz**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Female** **5. Color or race** **White**

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

6. (b) Name of husband or wife **Morris Barnholtz** **6. (c) Age of husband or wife if alive** **69** years

7. Birth date of deceased **January 1 1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	21	_____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Gottlieb Wittler**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Ema Schroeder**

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

16. (a) Informant **Morris Barnholtz**

(b) Address **3617 A. Wilmington Ave**

17. (a) Burial (b) Date thereof **4-25-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **J. F. Bredel**

(b) Address **8409 Gravois Ave**

19. (a) APR 27 1947 (b) **J. F. Bredel**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **22nd**, day **April**
year **1947** hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from **April 22, 1947**
2 **1947**, to **April 22, 1947**
that I last saw her alive on **April 22, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
1) Cerebral hemorrhage, left
2) Pulmonary infarction, right

Due to _____
1) Generalized arteriosclerosis
2) Diabetes Mellitus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____
1) Cerebral hemorrhage, left
2) Pulmonary infarction, right

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 _____

3. Signature **Peter H. Blaschick** (M. D. or other) _____

Address **634 N. Grand** Date signed **7/23/47**

(Licensed Embalmer's Statement on Reverse Side)

INTRODUCTION
BY THE BOARD OF
EMBALMERS OF THE STATE OF

ARTICLE
SECTION

ARTICLE

STATEMENT BY LICENSED EMBALMER

ARTICLE

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.....

Homer H. Dritz

.....
Licensed Embalmer No. 3882

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.