No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25292

Primary Registration District No. 1003

Registrar's No. 6844

1. PLACE OF DEATH: 318

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital O

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

(d) Length of stay: In hospital or institution: (Specify whether

In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: University City (If outside city or town limits, write "RURAL") 9

(d) Street No.: 7361 Tulane (If rural, give location) 5

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: Sarah Barnholz

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: Widow

6. (b) Name of husband or wife: Max Barnholz

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

7. Birth date of deceased: unknown (Month) (Day) (Year)

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

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

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Mrs. Esther Rosen

(b) Address: 7361 Tulane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-22-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth Cem.

18. (a) Signature of funeral director: Herman Rubinoff

(b) Address: 5216 Delmar Blvd.

19. (a) (Date received by Registrar) JUL 21 1947 (b) (Registrar's signature) J. T. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 9:30 P.M. minute M.

21. I hereby certify that I attended the deceased from 6/29, 1947 to 7/20, 1947 that I last saw her alive on 7/26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 weeks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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) O

While at work? (e) Means of injury:

23. Signature: Alfred Goldman (M. D. or other) MD

Address: 634 N. Euclid Date signed: 7/24/47

ALFRED GOLDMAN

Jefferson City Printing Co.

(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 John Letter

Licensed Embalmer No. 3880

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.