S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 29810

Registrar's No. 1927

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7815 Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: University City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 7815 Delmar Blvd. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: SAMUEL BARG
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Lopata Barg
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 85			..... hr. ..... min.

9. Birthplace: Russia (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Grocery

MOTHER / FATHER
12. Name: Unknown
13. Birthplace: Russia (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Russia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Samuel Barg
(b) Address: 7815 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: B'Nai Amoona Cem.
18. (a) Signature of funeral director: Herman Rudolph
(b) Address: 5216 Delmar Blvd.
19. (a) 9-11-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 9 year: 1947 hour: 12 minute: 30 P M.
21. I hereby certify that I attended the deceased from: August 24, 1933 to: Sept 9, 1947 that I last saw him alive on: Sept. 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Heart disease	10 yr
Due to: Coronary occlusion	5 yr
Due to: 93	
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)
While at work? ..... (e) Means of injury: 0
23. Signature: [signature] M.D. (M. D. or other)
Address: 610 Metropolitan Bldg. Date signed: 9/10/47

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 Ketter.....

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.