. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30959

FILED SEP 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8035

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 Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk. (Specify whether
In this community 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 97

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

(d) Street No. 5656 Waterman 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
5

If yes, name country

3. (a) PRINT FULL NAME BARNEY L. DON

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lean

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

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

8. AGE: Years ab. 70 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 1 (State or foreign country)

10. Usual occupation Retail Jewelry

11. Industry or business

FATHER
12. Name Michael Don 1
13. Birthplace (City, town, or county) Russia 1 (State or foreign country)

MOTHER
14. Maiden name (unk) 1
15. Birthplace (City, town, or county) Russia 1 (State or foreign country)

16. (a) Informant Mr. David Don
(b) Address 7145 Stanford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from October, 1947 to 9/13, 1948
that I last saw him alive on 9/13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Due to: Arteriosclerosis	3 yrs.
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)
While at work? (e) Means of injury

23. Signature Joseph J. Tiez (M. D. or other) M.D.
Address 508 N. Grand Blvd. St. Louis 3, Mo. Date signed 9/14/48

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 Lewise Ludwig

Licensed Embalmer No. 4229

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.