

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

State File No. 25552  
Registrar's No. 5347

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City  
d. STREET ADDRESS (If rural, give location) 7256 Pershing

3. NAME OF DECEASED  
a. (First) MORRIS b. (Middle) \_\_\_\_\_ c. (Last) BARNHOLTZ

4. DATE OF DEATH (Month) (Day) (Year)  
June 9th 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH June 30, 1878

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jobber

10b. KIND OF BUSINESS OR INDUSTRY Jewelry

11. BIRTHPLACE (State or foreign country) USSR

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Solomon Barnholtz

13b. MOTHER'S MAIDEN NAME Sarah Bell Simpson

14. NAME OF HUSBAND OR WIFE Florence Barnholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (unk)

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert L. Barnholtz 1521 Grape St

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
*\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) PARALYSIS AGITANS (Parkinsonism)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulmonary, F.A., Active

INTERVAL BETWEEN ONSET AND DEATH  
6 years  
15 years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_ 350XA

22. I hereby certify that I attended the deceased from July, 1950, to June 9, 1952, that I last saw the deceased alive on JUNE 9, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul D. [Signature] (Degree or title) \_\_\_\_\_

23b. ADDRESS \_\_\_\_\_

23c. DATE SIGNED 6/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/12/52

24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

24d. LOCATION (City, town, or county) (State) University City, Mo.

DATE REC'D BY LOCAL REG. JUN 11 1952

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Anderson*  
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.