

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3204

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson</u> OR <u>Royal Airport Johnson</u> TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> OR TOWN _____	
c. LENGTH OF STAY (In this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>1245 Shawmit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>		5 _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) _____ c. (Last) <u>Barnholtz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 14 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>40 1/2</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Russia</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	
13a. FATHER'S NAME <u>Solomon Barnholtz</u>		13b. MOTHER'S MAIDEN NAME <u>Gussie (unk)</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Barnholtz</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Barnholtz 1245 Shawmit</u>	
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon (inoperable)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>known since February 52</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>March 52</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1952, to December, 1952, that I last saw the deceased alive on December, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ida Barnholtz M.D.</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</u>	23c. DATE SIGNED <u>12/14 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-16-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.T. Berger Memorial 4715 McPherson Ave/</u>
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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 G. Quiring*

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.