

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28091-57

State File No. ....  
Registrar's No. **6792**

FILED AUG 24 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 wk.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>5 5737 Kingsbury</b>	
3. NAME OF DECEASED a. (First) <b>MANUEL</b> (Type or Print)		b. (Middle) <b>(AKA MAX)</b>	c. (Last) <b>BARNHOLTZ</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 19 - 56</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>	
8. DATE OF BIRTH <b>Unknown 1884</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>about 72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garm. Manf.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>	
13a. FATHER'S NAME <b>Unk. Barnholtz</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Lena</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>488-10-8679</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lena Barnholtz 7537 Kingsbury</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonectomy, left</b> ANTECEDENT CAUSES <b>Pulmonectomy, left Carcinoma of lung</b> DUE TO (b) <b>Carcinoma lung</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Cerebral embolus</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral embolus</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>?</b> <b>1 day.</b>		19. DATE OF OPERATION <b>7-23-56</b> <b>7-13-56</b>	
19b. MAJOR FINDINGS OF OPERATION <b>carcinoma of lung</b> <b>Carcinoma lung.</b>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>1948</b> , to <b>7-19, 1956</b> , that I last saw the deceased alive on <b>7-19, 1956</b> , and that death occurred at <b>9P</b> m., from the causes and on the date stated above. <b>7-20-56</b>			
23a. SIGNATURE <b>Melvin B. Kirstner</b> (Degree or title) <b>Melvin B. Kirstner M.D. MD</b>		23b. ADDRESS <b>607 No. Grand</b> <b>607 No. Grand, St. Louis</b>	
23c. DATE SIGNED <b>7-20-56</b>		24a. BURIAL, CREMATION, REPAIR (Specify) <b>Rem.</b>	
24b. DATE <b>7/22/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unsed Shel Emeth</b>	
24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 Moperson</b>	
DATE REC'D BY LOCAL REG. <b>JUL 20 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

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

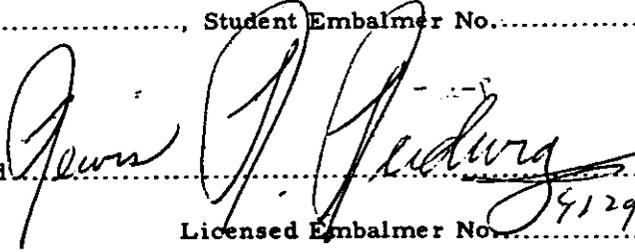
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 9129

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.