

FILED SEP 21 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

8031

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5774 Westminster  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME David Barkon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mollie Barkon 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 70 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business \_\_\_\_\_

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. Mollie Barkon

(b) Address 5774 Westminster

17. (a) Burial (b) Date thereof 9-16-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoopa Cemetery

18. (a) Signature of funeral director H. Rindsp...

(b) Address 5216 Delmar Blvd.

19. (a) SEP 14 1945 (b) J. F. Brudack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CO.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5774 Westminster  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-24-45  
to 9-13-45

that I last saw him alive on 9-13-45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion Duration 7mo?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions GI  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Geo. S. R... (M. D. or other)  
Address 531 N. Grand, St. Louis Date signed 9-14-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *H. P. Burgess* .....

Licensed Embalmer No. *4029* .....

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.**