

FILED MAR 3 1947

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 1820

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: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 hours  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BARNETT MASSIE

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married  
 6. (c) Age of husband or wife if alive 59 years

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

8. AGE:	Years	Months	Days	If less than one day
about	65	--	--	hr. min.

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

10. Usual occupation Jeweler

11. Industry or business Merchant

12. Name Moses Massie

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. Barnett Massie

(b) Address Granite City, Ill.

17. (a) Burial (b) Date thereof 2-24-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindoff  
5216 Delmar Blvd.

(b) Address \_\_\_\_\_

19. (a) FEB 23 1947 (b) J. F. Proctor  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999  
 (c) City or town Granite City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
 year 1947 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1946 to Feb. 22, 1947,  
 that I last saw him alive on February 22, 1947,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 8 hrs

Due to arteriosclerotic ht. disease

Due to \_\_\_\_\_  
 Other conditions Ag  
(Include pregnancy within 3 months of death)

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

Of autopsy autopsy not completed, will forward information

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 0

23. Signature Stanley M. Thiel (M. D. or other) M.D.  
 Address Barnes Hospital Date signed \_\_\_\_\_

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

0  
17  
9

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

Signed.....

*H. E. 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.**