

FILED NOV 29 1947

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 2435

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

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town Royal Airport Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution JEWISH SANATORIUM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 1/2 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96  
(c) City or town Rural, Airport Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jewish Sanatorium  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Max Barnett

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rae 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 15 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

MOTHER FATHER

12. Name Mandel Barnett

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Unk (State or foreign country)

15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Mandel Barnett

(b) Address Champaign Ill

17. (a) Removal (b) Date thereof 11-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) 11-22-47 (b) Beverly Sharp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 (Twenty-two) year 1947 hour 12 (twelve) minute 50 A.M.

21. I hereby certify that I attended the deceased from May 14, 1947, to November 22, 1947; that I last saw him alive on November 22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the lungs Duration Known since 7 months

Due to 47d

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

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

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

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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 Beverly Sharp (M. D. or other) \_\_\_\_\_

Address JEWISH SANATORIUM Date signed 11/22/47

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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..... *John S. Demme*.....  
Licensed Embalmer No. *4124*.....  
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.**