

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15443

FILED APR 18 1953

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

State File No.
Registrar's No. 3646

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City 4336	
c. LENGTH OF OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 902a Westgate /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953	
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) ANNA b. (Middle) BARBARASH c. (Last) BARBARASH	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Unk.	
9. AGE (In years last birthday) ab 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) USSR 6	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Itzak Birenbaum	
13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Sam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Sam Barbarash		ADDRESS 902a Westgate	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 7 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site undetermined			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1999			
22. I hereby certify that I attended the deceased from 8/1, 1952, to 4/5, 1953, that I last saw the deceased alive on 4/5, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold A. Franklin M.D.		23b. ADDRESS 4409 West Pine	
23c. DATE SIGNED 4/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/5/53	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Meth Cem		24d. LOCATION (City, town, or county) (State) University City Mo	
DATE REC'D BY LOCAL REG. APR 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

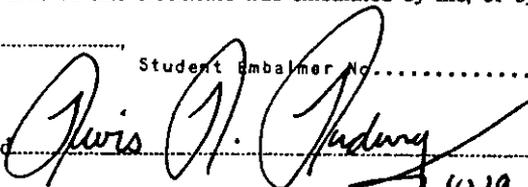
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Licensed Embalmer No.....

4219

Signed.....
Student Embalmer

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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