

No. 300
10.48

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25751

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 1647

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robtson Place

c. LENGTH OF STAY (In this place) 4 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missol. Airport 4070

d. STREET ADDRESS (If rural, give location) Route 1 Box 670 Robtson Mo

3. NAME OF DECEASED
a. (First) SARAH b. (Middle) _____ c. (Last) BARNEY

4. DATE OF DEATH (Month) (Day) (Year)
7 10 54

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 1878

9. AGE (In years or birthday) 76

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (State or foreign country) Poland 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Godwisch

13b. MOTHER'S MAIDEN NAME Wm. K.

14. NAME OF HUSBAND OR WIFE Ben

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 ADDRESS Roman Barney 7155 Tulane

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia due to arteriosclerosis
ANTECEDENT CAUSES
DUE TO (b) The embolus left middle cerebral artery
DUE TO (c) Generalized arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH
2 weeks
4 weeks
15 years
9 years

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION 3.3.28

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 6, 1954, to July 10, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. E. Braverman, MD

23b. ADDRESS 70 Jewish Hospital, St. Louis, Mo.

23c. DATE SIGNED 7/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/11/54

24c. NAME OF CEMETERY OR CREMATORY Cong. Kadisha

24d. LOCATION (City, town, or county) (State) Wm. City Mo.

DATE REC'D BY LOCAL REG. 7/11/54

REGISTRAR'S SIGNATURE Robert B. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Remond 8715 ...

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

4-10-33

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
Student Embalmer

Signed *Quinn J. Perkins*

Licensed Embalmer No. 4329

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.