

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

 5092  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** Registered No. **1785**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred **7** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **32** yrs. mos. ds.
2. PRINT FULL NAME **Morris Neidenberg**
 (a) Residence, No. **5551 Cates** St. **5** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <b>Bessie Neidenberg</b> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>(unk)</b>		
7. AGE <b>ab 72</b>	YEARS	MONTHS
	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. <b>Cobbler</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <b>1931</b>	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **Odessa**  
(STATE OR COUNTRY) **U.S.S.R.**13. NAME **Berel Neidenberg**14. BIRTHPLACE (CITY OR TOWN) **U.S.S.R.**  
(STATE OR COUNTRY)15. MAIDEN NAME **Hannah Shifra**16. BIRTHPLACE (CITY OR TOWN) **U.S.S.R.**  
(STATE OR COUNTRY)17. INFORMANT **Jos. Neidenberg**  
(ADDRESS) **1284 Amherst**18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Chesed Shel Emeth** DATE **2/24 1939**19. FUNERAL DIRECTOR **H. B. Berger**  
(ADDRESS) **4715 McPherson**20. FILED **FEB 24 1939** **J. P. Budick**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-23 1939**22. I HEREBY CERTIFY, That I attended deceased from **2-23 1939**, to **2-25 1939**I last saw him alive on **2-23 1939**. Death is said to have occurred on the date stated above, at **6:30 p.m.**

The principal cause of death and related causes of importance were as follows:

*No. post mortem*  
*Acute bacterial St. Disease*  
*Heart Block*  
*Pulmonary Edema* **2-23-39**

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? **EKG** Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify .....

(Signed) **Norman W. Dehn, M.D.**(Address) **Jewish Hosp. of St. Louis**

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

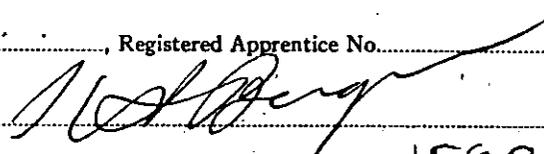
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. ....

1597

**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.)**