

FILED JUL 20 1942 791

State File No. 5820
Registrar's No. 000

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days.
In this community 73 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4104 No. 20th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME AUGUST MILBERG
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7 year 1942 hour 6:15 minute A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Grace Milberg 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct. 12, 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-15-42 to 7-7-42 that I last saw him alive on 7-7-42 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 25 If less than one day hr. min.

Immediate cause of death: Arteriosclerotic Heart Disease 6-15-42x

9. Birthplace Unknown Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Egg Inspector-Water Inspector

Due to Encephalomalacia 6-15-42x
Due to Generalized Arteriosclerosis 6-15-42

11. Industry or business
12. Name Henry Milberg
13. Birthplace Unknown Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany 4 (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes.

16. (a) Informant Mrs. Grace Plant Milberg (b) Address 4237 Aubert Ave.

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

17. (a) Burial (b) Date thereof 7-9-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) J. F. Budick (b) (Date of record) July 8, 1942 (Registrar's signature)

23. Signature M. D. Moore, M.D. (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 7-7-42

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

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

Sheldon Callier

Licensed Embalmer No. 3382

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.