

FILED OCT 6 1942 318

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Registrar's No. 8103

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Frank Alsberg**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Matilda Alsberg** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 9 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **20** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Cutlery**

12. Name **Joseph Alsberg**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Block**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Norma Alsberg**
(b) Address **6128 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **10-1-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindskopf**
(b) Address **5216 Delmar Blvd.**

19. (a) **SEP 30 1942** (b) **J. J. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **125**
(If outside city or town limits, write "RURAL") **95**
(d) Street No. **6128 Waterman Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1942** hour **2:00** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **Sept. 24th**
_____ 1942 to **Sept 29** _____ 1942;
that I last saw him alive on **Sept 29** _____ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of lungs.**

Due to **Emphysema & Non J.B. Spontaneous Pneumothorax.** **20 yrs. 6 days**

Other conditions **arteriosclerosis general.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: **none.**

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?
_____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature **Paul K. Webb M.D.** (M. D. or other) _____
Address **1508 Chemical Bldg.** Date signed **9/30/42**

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

MOTHER FATHER

NOV 19 1947

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..... *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Delmar*

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.