7. S. No. 2
0M—1/47
ev. 5-17-39

164

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35768

Registrar's No. 9930

1. PLACE OF DEATH:

(a) County: StLouis

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. PacificHosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Wks. (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 000

(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3285 Gustine 9 (If rural, give location) 16 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: David X. Greenberg

3. (b) If veteran, name war: W. World 1

3. (c) Social Security No.: (unk)

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Sarah Miller

6. (c) Age of husband or wife if alive: (unk) years

7. Birth date of deceased: March (Month) 20 (Day) 1895 (Year)

8. AGE: Years 52 | Months 7 | Days 3 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Civil Eng.

11. Industry or business: Mo. Pacific R.R.

FATHER
12. Name: Samuel Greenberg
13. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna (unk.)
15. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant: Sol Greenberg

(b) Address: 440 LeeAve. Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/26/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Berger Memorial

(b) Address: 4715 McPherson Av.

19. (a) OCT 2 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Oedema of lungs; Anesthesia; while-undergoing operation for Duodenal Ulcer at Missouri Pacific Hospital, on Oct. 23, 1947, about 1:30 P.M.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 110 14

Of autopsy:

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Acc

(b) Date of occurrence: 10-23-1947

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? see above (Specify type of place)

While at work? (e) Means of injury: see above

23. Signature: [illegible] (M. D. or other) 3

Address: [illegible] Date signed 10/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis L Ludwig

Licensed Embalmer No. 4229

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.