S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

5989

State File No. .....

FILED MAR 11 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2156

**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 ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ood

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

(d) Street No. 6128 Waterman 9
(If rural, give location)

(e) Citizen of foreign country? 5 ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Leopold Alsberg

3. (b) If veteran, name war .....

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| About | 86 | - | - | ..... hr. ..... min. |

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

10. Usual occupation Retired Clerk

11. Industry or business .....

FATHER
12. Name Joseph Alsberg 4
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Julia Block 4
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Miss Alsberg

(b) Address 6128 Waterman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Roman Rudolph Inc

(b) Address 5216 Delmar Blvd.

19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 1 year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1948 to March 1 1948 that I last saw him alive on March 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of both legs.

Due to Arterial block.

Due to Fracture of Rt. hip + attending shock

Other conditions Senile changes.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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) Fracture of Rt. hip

(b) Date of occurrence Feb 1 1948 ood

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. Fell from chair (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Paul K. Webb (M. D. or other M.D.

Address 221 Olive St. Date signed 3-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 25 1948

## 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.....John Keller.....

Licensed Embalmer No.....3880.....

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.