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

Do not use this space.

15276

15009

File No. 4204

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 79

Township ..... Primary Registration District No. 100

City St Louis (No. 4209 Lindell St. ..... Ward)

**2. FULL NAME** Louise Hamberg

(a) Residence. No. Wurst Hotel 4209 Lindell St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Hamberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1858

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 1 | 24 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) N. Y.

PARENTS

10. NAME OF FATHER Morris Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER — Oppenheimer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Harold Hamberg
(Address) Little Rock Ark

15. FILED APR 17 1928, 19 Max C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 16 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr - 11, 1928, to Apr - 16 -, 1928, that I last saw her alive on Apr - 15, 1928, and that death occurred, on the date stated above, at 10 36 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of Heart
93C Chronic - myocarditis.
[illegible]
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 908
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Maurice A. Frankenthal, M. D.
, 19 (Address) Lister Bld - 4500 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Little Rock Ark | 4/18 1928 |
| **20. UNDERTAKER** | **ADDRESS** |
| Mayer | 4356 Lindell |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.