WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 21354

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1093 Registered No. 5912

City St Louis Mo (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Fred Mittelberg

(a) Residence, No. 7014 Lindenwood Pl St., 4 Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lizzie Mittelberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-14-1854

7. AGE YEARS 78 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1928 93C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Frederick Mittelberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sam C Mittelberg 6981 Theloza Ave St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk DATE 6-25 1932

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED ..... 19.. Max C Starkey Registrar. 6/24/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1931, to June 23 1932

I last saw him alive on June 23 1932 Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lower Sigmoid (Colon) with Partial bowel Obstruction	12-14-31
Complete Obstruction	6-14-32
Myocarditis (Chronic)	years
Acute Nephritis	6-16-32
Other contributory causes of importance:	
Uremia + Toxemia	6-17-32

46C

Colostomy

Name of operation ~~Colostomy~~ Date of 6-17-32

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmond Bonnot, M. D.

(Address) 1504 So Grand Blvd