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.

3194

791
1003

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 72

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

2. FULL NAME Sam - Gomberg.

(a) Residence, No. 4730 Newberry Pen St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Ida Somberg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1881

7. AGE: YEARS 51 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Dec-28-1932

11. Total time (years) spent in this occupation 15 yrs

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

FATHER

13. NAME Joe Somberg

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

MOTHER

15. MAIDEN NAME Anna Kreisman

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

17. INFORMANT (ADDRESS) Mrs Ida Somberg. 4730 Newberry Ter.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Jan 4 1933

19. UNDERTAKER (ADDRESS) Overhandley Funeral Home 4469 Washington Blvd.

20. FILED JAN -3 1933 19 Max C. Wardell Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31st, 1932 to January 2nd, 1933

I last saw him alive on January 2nd, 1933 Death is said to have occurred on the date stated above, at 12 55 p.m.

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

	Date of onset
11A Bronchopneumonia	Dec. 26 1932
107A La Grippe	
111B	

Other contributory causes of importance:

Pulmonary Edema — Jan 1 1933

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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? no

If so, specify .....

(Signed) Emer Richman, M. D.

(Address) 4500 Olive St - Louis Mo.