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

Do not use this space.

File No. 10291

Registered No. 12

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township ~~Central~~ — Primary Registration District No. 4469

City Maplewood (No. Brownsom Hotel Yale + Manchester Ward)

2. FULL NAME Charles A Newberger,

(a) Residence, No. Yale + Manchester Ave., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1898

7. AGE: Years 36 — Months 1 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paving man

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

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

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Freeport, Ill.

FATHER

13. NAME: A. A. Newberger

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

MOTHER

15. MAIDEN NAME: Matilda Herman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rita Ill

17. INFORMANT (ADDRESS): W. M. Newberger, Freeport Illinois

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Freeport, Ill. DATE: 3/8 1934

19. UNDERTAKER (ADDRESS): Coghan Undt. Co. 7146 Manchester Ave.

20. FILED: Mar 8 1934 Pauline Breitenbach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3am m.

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

Date of onset

Chr. myocarditis, with extreme cardiac hypertrophy. Chr. pericarditis, and chr. aortitis, extremely large and polycystic, right kidney, apparently nephroma meligant ?

Other contributory causes of importance:

Pronounced selerosis of both coronary vessels. Complete hemorrhagic occlusion, acute of the left

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Luke B. Timon, M.D. 3/7/34

(Address) 3718 Jennings Rd.,

Coroner St. Louis Co., Mo.

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.

Coronary artery, about one inch from its approximate.