

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.

96 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County St Louis Registration District No. 785 File No. 24822  
 Township Bonhomme Primary Registration District No. 6031 Registered No. 80  
 City Manchester (No. Lanchester Nursing Home) St. 4 Ward

2. FULL NAME Samuel Newberger  
 (a) Residence, No. 5547 Vernon St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

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 Mollie Newberger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ab. April 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 2 ?  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia  
 13. NAME Abraham Newberger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia  
 15. MAIDEN NAME Pearl (unk)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia  
 17. INFORMANT Adolph Milder (ADDRESS) 755 Leland Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth 6/21/1937  
 19. UNDERTAKER H. B. Bergall (ADDRESS) 4715 McPherson  
 20. FILED 6-21-37 Agnes Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937 to June 20, 1937  
 I last saw him alive on June 20, 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: senility  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following: no  
 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 none  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) B. P. Loving M. D.  
 (Address) Balwin, Mo.

