

DEC 13 1937

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

Do not use this space.

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File No. 10377
Registered No. 10377

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Alexian Brothers Hospital St. Ward)

2. FULL NAME Narry Mittelberg

(a) Residence, No. 7014 Lindenwood St. St. 3 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-4-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 5 2

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Asbestos Worker

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

10. Date deceased last worked at this occupation (month and year) 11-1937 11. Total time (years) spent in this occupation 35

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

13. NAME Fred Mittelberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Elizabeth M. Eickemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Mrs Elizabeth Mittelberg 7014 Lindenwood St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Bernal Pt DATE 11-10-37

19. UNDERTAKER (ADDRESS) Mittelberg General Home Inc 23 Maplewood av. Maplewood, Mo

20. FILED NO 8 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1937, to Nov. 6, 1937

I last saw him alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 2:15 P.

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

Uremic poisoning Date of onset 11-6-37

Other contributory causes of importance: Chronic Interstitial Nephritis 27(3)

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

A. T. Quinn, M. D.
(Address) 6917 Taylor av

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.

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