

REC'D JUN 9 1938

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

17249

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1000 Registered No. 1946
(c) City Kansas City (d) Street No. St. Mary's Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louis Newberg 162
(a) Residence, No. 2629 Myrtle St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Katie Newberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Hardware
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) Canada no

FATHER 13. NAME Julius Newberg 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 9

MOTHER 15. MAIDEN NAME Sarah Diamond 1

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

17. INFORMANT Katie Newberg
(ADDRESS) 2629 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem. DATE 5-10-38

19. FUNERAL DIRECTOR J. P. Kozis Funerary
(ADDRESS) 3400 Woodland Ave

20. FILED 5-10-38 M. M. Craive
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9-1938

22. HEREBY CERTIFY That I attended deceased from May 9 1938 to May 9 1938

I last saw him alive on May 8 1938 Death is said to have occurred on the date stated above, at 12:50 AM.

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

Chronic arterial hypertension 52 yr?
Date of onset

Other contributory causes of importance:

Cerebral thrombosis 5/8/38
R. hemiplegia

Name of operation 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:
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
How specify

(Signed) A. Vincent M. D.

(Address) 800 Argyle Bldg

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)