

1939 JUL 12 1939

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

20386
Do not use this space.

791
1008

Registered No. 5230

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....
(b) Township..... 1 Primary Registration District No.....
(c) City..... St. Louis (d) Street No. 1200 Oakley Pl. 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 32 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 32 yrs. mos. ds.

2. PRINT FULL NAME

6451 David Greenberg GREENBURG
(a) Residence, No. 1396 Granville St. 6 (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 Hinnie Greenberg		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE ABT 90	YEARS	MONTHS
		DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shochet		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kiev U.S.S.R.		
13. NAME Schneir Greenberg		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.		
15. MAIDEN NAME Dina Zhitomirsky		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.		
17. INFORMANT (ADDRESS) Mrs. Fannie Atlas		
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hevre Kedisha DATE: 6/11, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.B. Berger 4715 McPherson		
20. FILED JUN 11 1939 J.F. Bredich Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1939 to June 9, 1939
I last saw him alive on June 8, 1939 Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Date of onset 6/7/39

Other contributory causes of importance:
Arterio Sclerotic Cardiovascular disease

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) Ester J. Holdrege, M.D.
(Address) 462 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

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.

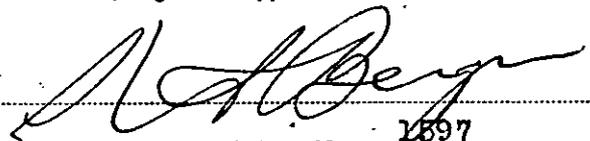
1 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herbert I. Berger....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1897.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.